University of Alberta

Clients' Perceptions of Resistance in Counselling

by

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Abstract

Resistance is a complex construct and a challenging phenomenon of the counselling process. While recognized by counsellors as a potential obstacle to the process and outcome of counselling, resistance from the client's perspective is not well understood. The purpose of this study was to examine and understand how active counselling clients perceive and process in-session resistance and to develop a process model of resistance using grounded theory methodology that would be useful to practitioners. A total of 37 one-hour, semi-structured interviews were conducted with 10 participants over the course of counselling and analyzed according to the constant comparative method. Meaning units were compared with each other to generate broad, descriptive categories of resistance, followed by comparisons of categories within and between each other to yield a substantive theory of resistance. The core category of the emergent process model conceptualizes resistance as a form of Psychological Self-Protection that is engaged when a threat to self-identity or self-autonomy is perceived. Protecting self-identity speaks to the clients' need to safeguard the construction of self that brings meaning, stability, and understanding to their world. Protecting self-autonomy relates to the individual's need for ownership, control, and a self-directing existence within the process of counselling. The need for Psychological Self-Protection originates from unmet client expectations of counselling, client fears about the counselling process, and client disagreements with counsellor behaviours. In response to this need, various resistant behaviours become manifested. Accompanying the process is the affective experience of anxiety, frustration, or ambivalence that tends to remain outside of the client's immediate awareness until reflected upon. Fundamental to addressing and resolving perceived threats to the

psychological self is a mutual respect for the resistance experience, and a processing of the client-counsellor relationship in an effort to clarify preferred communication and working styles. Overall, resistance emerged as a healthy, adaptive, multidimensional phenomenon that attempts to meet the client's needs for safety and security when threats to self-identity and self-autonomy are perceived. By slowing the client's immediate counselling process to allow for reflection, Psychological Self-Protection fostered an increased sense of control within the familiarity of the self-construct.

Dedication

To my precious partner in life, Nora Zapata

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Chapter I: Introduction

Most practitioners, at one time or another, have experienced client resistance in their counselling sessions. It is a phenomenon that challenges helping professionals of all orientations in their work with clients and it has been a source of debate ever since the famed psychoanalyst Sigmund Freud first introduced the term in 1895. Since that time, much has been written about this complex and intriguing concept in terms of theory, research, and practice, yet practitioners continue to struggle with understanding resistance as part of the counselling process.

The evolution, and perhaps dilution, of the resistance concept over the past century has produced an equivocal understanding amongst researchers and practitioners, often sparking great controversy with respect to its meaning, description, efficacy, and overall usefulness in counselling. In the past two decades especially, it is a concept that has been severely criticized for its lack of helpfulness in counselling practice (de Shazer, 1984), a sentiment that is in reaction to the perceived traditional view of resistance as a pejorative client variable that can potentially obstruct the process and outcome of counselling (Strean, 1985; Wachtel, 1982). The counsellor has also been construed by some (e.g., Langs, 1980, 1982; Lazarus & Fay, 1982; Ruppel & Kaul, 1982) to be partly responsible for the emergence of resistance in terms of intervention, technique, treatment choice, and quality of the working relationship. However, if we consider that people, in general, are fearful of making a change that is unknown, then resistance may be a natural and perhaps unavoidable phenomenon of the counselling process and continuum of change (Otani, 1989a; Paulson, 1996; Walborn, 1996).

While counselling research has traditionally neglected investigating the client's subjective experience of counselling (Gordon, 2000; McLeod, 1990; Patton, 1989; Rennie, 1992, 1996), investigations from this perspective have increased noticeably in recent years (e.g., Arthern & Madill, 2002; Bowman & Fine 2000; Everall & Paulson, 2002; Levitt, 2001; Paulson & Worth, 2002; Paulson, Everall, & Stuart, 2001; Pope-Davis, Toporek, Ortega-Villalobos, Ligiero, Brittan-Powell, Liu, et al., 2002; Rasmussen, 2000; Watts & Priebe, 2002). The literature, however, has focused almost exclusively on the counsellor's perspective of resistance and has largely ignored the client's viewpoint. This is partly due to the widely held notion that since the concept of resistance was born out of the clinician's need to identify and explain observed client behaviours that seem to run counter to the purpose of counselling, then it is a theoretical concept that holds little significance or value to the client. Yet, if the client is manifesting behaviour that seems to contradict the counselling goal, then it would be valuable to investigate what the client is experiencing when the resistant behaviour is manifested.

Another reason for the paucity of research from the client's perspective is that resistance has traditionally been viewed as unconsciously motivated and, as such, outside the individual's immediate experience. Without awareness, participants would be unable to adequately speak to the phenomenon. However, research has shown (e.g., Kimble, 1989/1990; Rennie, 1994a) that aspects of the resistance process can be accessible to client awareness as part of their moment-to-moment experiences of counselling. Furthermore, given that the effects of counselling are mediated through client perceptions, that resistance can only be identified through client manifestation, and that it is the client who engages in the process of change in counselling, investigating how clients perceive resistance seems warranted.

Qualitative research has been a burgeoning methodology in counselling and psychotherapy research over the past decade (Maione & Chenail, 1999; Rennie, Watson, & Monteiro, 2002). Prior to the 1990's, quantitative approaches that were theoretically based and that utilized measurement instruments dominated research in counselling. One of the main criticisms espoused by practitioners of this form of empirical research, however, was that the findings were not transferable to counselling practice and thus lacked relevance. Some of the reasons noted for the lack of applicability to practice included the reductionistic nature of aggregating across participants and data over time to yield generalizable results; the tendency to control for variables with analogue studies; and the use of research participants in settings that did not adequately parallel practice (Tracey, 1991). The inability of counselling research to inform practice resulted in a gap between these two domains (Heatherington, 1989; Sexton & Whiston, 1996; Talley, Strupp, & Butler, 1994). It has been asserted (Rennie, 1994b) that the emergence of qualitative research has greatly reduced the gap between research and practice due to an improved goodness-of-fit. Counselling practice and qualitative research methods both deal with subjective, verbal, descriptive reports of experience as the main source of data;

they both involve an interaction as well as a collaboration between the members of the dyad or group (e.g., client-counsellor, participant-researcher); and they both gather information relative to the issue or phenomenon being explored or studied in a holistic and comprehensive fashion (Rennie, 1994b). Hence, qualitative research has much to offer counselling practice in the way of applicability.

The particular qualitative research method employed in this study is known as "constructivist grounded theory" (Charmaz, 2000). This analytical approach was chosen because an additional aim of this study is to inductively generate a substantive theory of the clients' perceptions of resistance that is grounded in the data and that describes the basic psychosocial process of resistance with a focus on context and meaning. In doing so, the results could be useful to practitioners in improving their understanding of client needs, characteristics, and processes that might translate into improved practice.

The problems addressed by this study are directly related to the identified gaps in previous research on the concept of resistance. The most obvious of these gaps have tended to revolve around three issues: definition, perspective, and methodology. With regard to the definition of resistance, theory and research (e.g., Beutler, Moleiro, & Talebi, 2002; Otani, 1989a; Wachtel, 1982) are consistent with the view that resistance is important client communication with implications for outcome, but consensus on a unified and comprehensive definition of resistance that spans theoretical orientations and that informs practice does not yet exist. Secondly, the perspective most often taken in conceptualizing and researching the concept of resistance has been from the "outside," the counsellor's perspective. This is not surprising since resistance was originally, and continues to be, a construct employed by practitioners for the purposes of explaining the occurrence of "no change" in counselling. Finally, the methodology used in researching resistance has overwhelmingly been quantitative in nature. While I believe the measurement of resistance is an important and practical endeavour in bringing about a better understanding of how resistance impacts counselling, it seems to have surpassed the equally important endeavour of discovering the meaning of resistance. Given that resistance is experienced subjectively, and given that the qualitative approach to inquiry is a credible way of gathering, analyzing, and representing the meanings embedded in participant descriptions, it seems justifiable to investigate resistance in a qualitative fashion. Moreover, the grounded theory method can offer contextual and analytical explanations of phenomena by identifying the basic psychosocial processes at work.

To date, no other qualitative research study has attempted to specifically examine the phenomenon of resistance. The present study is similar in design to Rennie's (1992, 1994a) qualitative examination of clients' moment-to-moment experiences of a single session of counselling using a modified grounded theory approach (Rennie, Phillips, & Quartaro, 1988). The similarities to Rennie's (1992, 1994a) study include the onus on the client's perspective of counselling, the recruitment of clients actively engaged in counselling, and the use of a grounded theory approach to data analysis. The present study, however, is unique in that it is specific to the phenomenon of resistance and it considers the processes at work in the client's perception of resistance over the course of counselling. To this end, the purpose of the present study is to describe and better understand how clients, voluntarily engaged in active, personal, brief counselling, perceive and process in-session resistance and to construct a process model of resistance using a grounded theory approach to data collection and analysis that will be useful to practitioners.

Chapter II: Review of the Literature

Resistance[1] is a phenomenon that has and continues to spark great controversy amongst researchers and practitioners alike. Over the past two decades, especially, it is a concept that has been severely criticized for its lack of helpfulness in counselling process and outcome (e.g., de Shazer, 1984, 1989; Polster & Polster, 1976; Weil, 1985). Indeed, there has been a call to declare resistance officially dead (de Shazer, 1984). However, if resistance is dead, then we must be mourning our loss deeply because the counselling community does not appear ready to allow this pillar of therapeutic practice to fade away peacefully. It is a phenomenon that continues to thrive as a topic of debate amongst academics and clinicians with respect to its meaning, description, efficacy, and overall usefulness to counselling practice. Thus, the objective of this chapter is to address and clarify what we have understood the concept of resistance to be and what we currently understand it to be.

The following literature review will take a historical approach in examining various theoretical conceptualizations of resistance from the major schools of counselling. An understanding of resistance as it emerged from traditional modes of inquiry will then be presented, followed by an examination of resistance from more naturalistic forms of inquiry. The chapter will conclude with a brief summary of the most central aspects emerging from the review. It is hoped that this review of the resistance literature will provide the reader with the necessary background to understand where resistance has emanated and how it has changed, or not changed, over time. The review will also demonstrate how traditional theories and research on resistance have largely ignored the client's perspective, and how no other study has specifically investigated the concept of resistance from the client's perspective. In so doing, the reader will come to appreciate the usefulness of the proposed study and its potential to generate information that will be instructive to practitioners.

Definitions of Resistance

Resistance is a phenomenon that has typically been defined according to the individual practitioner's theoretical orientation and, more generally, view of the world. For the most part, this has resulted in a lack of consensus in the literature regarding the meaning and function of resistance, which has had implications for guiding therapeutic practice. It seems that the equivocal perspectives of resistance are largely due to the fact that the concept was born out of the classical psychoanalytic tradition. Like any theoretical concept, it has been difficult for resistance to evolve and change with the spirit of the times because it continues to be closely defined and understood according to its roots. Therefore, for the purposes of this chapter, I have constructed a generic definition of resistance that reads as follows: all direct and indirect behaviours within the interpersonal nature of the counselling relationship that overtly or covertly interfere with the process of counselling and achievement of goals.

In the literature, a great deal of overlap exists between the resistance concept and other therapy concepts, such as defense, negative therapeutic reaction, impasse, alliance rupture, reluctance, mandated, coerced, involuntary, difficult, uncommitted, unmotivated, unwilling, negativism, oppositional, noncompliance, and reactance. In order to avoid confusion with these concepts in the literature review, it may be helpful at this time to distinguish resistance from these other terms.

Defenses have traditionally been regarded as synonymous with the psychoanalytic concept of resistance as a way to describe the protective efforts of the client (e.g., denial, projection, repression) that may stem from either intrapsychic or interactional sources in avoiding the experience of danger and psychological pain. Langs (1980, 1982), however, makes a distinction between defenses and resistances in that the former reflects unconscious characteristics of the individual's personality that provide important protective functions both inside and outside of therapy, so it is "pervasive" and ever-present. Resistances, on the other hand, are "intermittent" and seem to mobilize a number of different defenses in service of obstructing therapy (Langs, 1980, 1982).

The negative therapeutic reaction, which appears to be a by-product of Freud's superego resistance, has been classically defined as a self-destructive tendency on the part of the client to remain symptomatic, due to an unconscious belief that guilt and suffering must continue, and that this "deep-seated resistance" often leads to an impasse or poor therapeutic outcome (Eagle, 1999; Lane, 1984). This reaction is all the more bewildering for the therapist in that it typically follows from a presumed "correct" interpretation or intervention. A more contemporary view of the negative therapeutic reaction, from an intersubjective perspective, proposes that it generally results from prolonged instances of the client's emotional needs being consistently unrecognized or misunderstood by the therapist (Atwood, Stolorow, & Trop, 1989).

Impasse, also referred to as stalemate, has been broadly defined as follows: an extreme form of resistance (Curtis, 1992); the result of prolonged and unanalyzed resistances (Kantrowitz, 1993); that which interferes with therapeutic flow (Nathanson, 1992); the client's inability to experience the self in a personal and subjectively meaningful way (i.e., "true self") (Newirth, 1995); and the point at which the overall process of therapy is arrested (Pulver, 1992) or the client's psychological state worsens (Weiner, 1974). Moreover, Pulver (1992) described an impasse as the culmination of many resistances, or "the ubiquitous temporary blocks that occur during therapy" (p. 514). It seems that the prevailing difference between resistance and impasse is that on the continuum of what generates negative therapeutic process and poor outcome, impasse lies at the far end whereas resistance oscillates medially.

The notion of alliance ruptures (Safran, Crocker, McMain, Murray, 1990; Safran & Muran, 1995), also known as alliance strains (Arnkoff, 1995), was conceived to describe what occurs when client and therapist are no longer working productively together. While the spectrum of alliance ruptures seem to vary considerably (i.e., overt vs. subtle), the key features involve therapist empathic failure, resistance, and negative transference-countertransference (Binder & Strupp, 1997).

Reluctance typically refers to clients who do not acknowledge that a problem exists and who have not voluntarily sought treatment (Manthei & Matthews, 1989; Patterson, 1990; Riordan & Martin, 1993; Ritchie, 1986; Vriend & Dyer, 1973). As one might imagine, included in this category are clients who are mandated or coerced into therapy by a third party (e.g., spouse, parent, employer, court) and, as such, are labelled involuntary, difficult, uncommitted, unmotivated, unwilling, or negativistic. In relation to Prochaska and DiClemente's (1982, 1984) transtheoretical model of change, a reluctant client's readiness for change may be considered to be in a "precontemplative" stage. Lewis and Evans (1986), however, make a distinction between the mandated client and the reluctant client in asserting that the latter "may be voluntary but ambivalent about becoming involved in therapy and is consciously very cautious about what is revealed and how" (p. 426). Using this definition, the reluctant client's readiness for change could be perceived as being in a "contemplative" stage, according to the stages of change model developed by Prochaska and DiClemente (1982, 1984).

Oppositional and noncompliant are behavioural descriptors for resistant individuals that originated in behavior therapy, an orientation that rejects the notion of underlying, intrapsychic forces as explanations for client behaviour. Contrary to the psychoanalytic definition of resistance, opposition and noncompliance implies "intentionality" (Lewis & Evans, 1986) and willfulness on the part of the client, despite the possibility that the client may actually be experiencing powerlessness and loss of control (Kirmayer, 1990). However, these behavioural terms also suggest that the client or therapist has taken an adversarial position to the other and thus is used pejoratively.

Finally, reactance refers to the cognitive attribution process of responding to what the individual perceives as a loss of freedom (i.e., behaviours believed to be under one's control) in such a way that the individual's sense of free choice is restored (Kirmayer, 1990). Reactance differs with the classical notion of resistance in that the behaviour most often stems from a conscious process rather than determined by factors situated within and unknown to the individual. According to Brehm (1966), a major difference between resistance and reactance is that the latter "is defined *not* simply as an unpleasant tension which the individual will reduce in any way that he can … but rather as a motivational state with a specific direction, namely, the recovery of freedom" (p. 11). Given that reactance overlaps considerably with resistance, it will be further discussed in the cognitive-behavioral section of the literature review.

Theoretical Perspectives of Resistance

Psychoanalytic. The concept of resistance was originally defined and brought into prominence within the field of psychotherapy by Sigmund Freud. He initially defined resistance as all client behaviours that oppose or interfere with the ultimate goal of therapy, which was to make the unconscious conscious (Freud, 1914/1957). The most basic form of resistance is repression, an unconscious ego-defense mechanism that blocks anxiety or guilt producing material, such as thoughts, feelings, and images, from conscious awareness (Cullari, 1996). Over time, this repressed material remains in the unconscious as a result of a powerful counterforce or barrier, namely resistance. Freud believed that psychotherapeutic success could only be achieved by unearthing these repressed memories into consciousness through interpretation, thereby producing insight, followed by a thorough "working through" (Brenner, 1987) of the resistances.

In *Studies on Hysteria* (Breuer & Freud, 1895/1955), Freud revealed the concept of resistance for the first time. He described the case of Elisabeth von R. and how he believed she was "fending off" (p. 226) thoughts and images that "she found too disagreeable to tell" (p. 223) – disagreeable due to the incompatibility between these thoughts and her morality. Moreover, Freud contended that the strength of Elisabeth's resistance was proportional to the energy she consumed in keeping it out of her consciousness. However, in treating clients with hypnosis, Freud realized that the phenomenon of resistance was far more complex than he had originally conceived. Using hypnosis, the client's resistance could operate without the therapist's awareness (Freud, 1914/1957). To circumvent this dilemma, Freud abandoned hypnosis in lieu of free association. In talking freely about whatever entered their minds, clients would naturally unearth unpleasant ideas and emotions (Freud, 1914/1957). Nonetheless, clients would eventually reach a point in their free associations in which they could go no further. As such, resistance came to be viewed primarily as an intrapsychic protective force within the client (i.e., ego) that was present at all times in the struggle against "unbearable" thoughts, feelings (e.g., anxiety), and experiences of the unconscious (Cullari, 1996).

In an effort to further distinguish repression from other forms of resistance, Freud classified resistances that stemmed primarily from intrapsychic sources into five main categories: (a) defenses, elaborated upon by Anna Freud, are the client's unconscious efforts to repress threatening material that create anxiety; (b) transference refers to the projection of conscious and unconscious thoughts and feelings upon the therapist; (c) epinosic gain, or the "secondary gain" (Greenson, 1967) clients achieve from their difficulties; (d) superego resistance, or the unconscious belief that guilt and suffering must endure (i.e., psychic masochism); and (e) id resistance, or repetition-compulsion resistance refers to clients who continuously seek unrealistic gratification from others and who are unwilling to abstain from satisfying the biological drives of the id (Strean, 1985).

Reich's (1987) exploration into "character resistances" contributed significantly to the contemporary conception of resistance. Reich (1987) believed that all clients possess personal traits that act as "muscle armor" or defenses against the challenges of the outside world and help maintain homeostasis. Likewise, in therapy, the client's "armor" is used as protection against what is perceived as threatening to the self. Interestingly, these defenses show themselves not through what is said (i.e., content) but how it is said (i.e., behaviour). As well, unlike some analysts who prefer to deal first with "areas of least resistance" (Marshall, 1982), Reich (1987) believed that immediate analysis of the dominant resistance ("cardinal resistance") was necessary for therapy to be successful. This form of analysis continued until the client perceived the character resistance as "ego-alien" and no longer part of the personality (Marshall, 1982).

Greenson (1967) deviated somewhat from Freud's formulation of resistance in that, although the stimulus that triggers the resistance may originate in any of the psychic structures (id, ego, superego), the perception of danger (e.g., experiencing psychological pain) is always a function of the ego. Freud's classification of resistances was further simplified by Greenson's (1967) distinction between ego-alien and ego-syntonic resistances. Ego-alien resistances are unfamiliar or strange to the client and therefore are alterable through analytic work, whereas ego-syntonic resistances are ingrained ways of being that are not perceived by the client as a problem (Strean, 1985), which parallels Reich's description of character resistances. The initial step in analysis thus becomes to convert these resistances into ego-alien resistances, so that a working alliance (positive transference) may be formed and the resistances interpreted and worked through by way of repetition, elaboration, and reconstruction (Greenson, 1967). In the end, working through the transference resistances becomes the major component of therapy.

Kohut was another contemporary psychoanalyst who helped develop the concept of resistance. He believed that clients react with resistant behaviour when they feel the therapist is leading them toward an area of their past that is filled with threatening material, thereby endangering the fragile self through retraumatization (Kohut, 1987). Since these past memories may make them feel helpless and vulnerable by harming their self-esteem and sense of identity, clients will defend themselves by confronting the therapist and the interpretation that brought about the resistant reaction (Rowe, 1996). In this respect, resistance becomes a client response to the therapy process rather than strictly repressed unconscious material. Kohut (1987) further dissociated his ideas from the classical psychoanalytic conception of resistance by emphasizing the importance of an empathic therapeutic relationship in avoiding the possibility of resistant behaviour occurring in therapy. Empathic attunement and affirmation serve to facilitate progress in therapy by engaging the therapist in understanding the importance of the client's need to protect and preserve the vulnerable self (Messer, 2002; Rowe, 1996). In this regard, self psychology rejects the traditional view of resistance and, instead, proposes that resistance may be the only adaptive means available to the client of protecting the self so that it will be prepared to re-engage in the change process when a safe, empathic atmosphere is experienced (Malin, 1993; May, 1996; Modell, 1991; Messer, 2002).

Similar to Kohut's ideas, Spotnitz (1989) believed that clients resist as a way of avoiding dealing with an anxiety laden past. Spotnitz (1989), though, differed with Kohut in his belief that clients will either exhibit hostility toward themselves, as a way not to confront the therapist ("narcissistic transference resistance"), or they will project their anger completely onto the therapist ("object transference resistance"). The therapist's task is to take a non-judgemental approach toward the resistance and to facilitate a safe environment for clients to express their psychological pain. Freud's categories were supplemented by Spotnitz to include the following: (a) treatment-destructive resistance, which is similar to Glover's (1955) notion of an overt or "obvious" type of resistance; (b) status quo or inertia resistance, which has a homeostatic function; (c) progress resistance, which is a reluctance to engage in new areas of exploration and possibly changing as a result; (d) cooperation resistance, or the client's unwillingness to work collaboratively with the therapist; and (e) termination resistance, whereby the client rejects autonomy in lieu of remaining symptomatic (Marshall, 1982).

One of Schafer's (1973) contributions to the evolution of ideas about resistance was to bring sensitivity to the language being used in describing and defining this phenomenon. Schafer (1973) highlighted the importance of using the verb of resistance, as opposed to the noun, in an effort to avoid reification of the concept. The act of "resisting" suggests an ongoing action process, whereas "resistance" connotes a stable condition that exists outside of the client. Schafer recommended that therapists should approach what is traditionally known as resistance in an "affirmative manner," or as Teitelbaum (1991) suggested, "to approach it not as resisting or opposing, but as puzzling or intelligible behavior that requires understanding" (p. 122). Likewise, Otto Rank

(1926/1978) perceived resistance positively as a manifestation of a client's will toward independence and self-determination. In pointing out the positive connotations of the word, Schafer and Rank stressed the need for more affirmative language in conceptualizing client difficulties – a language that allows therapists to work collaboratively with clients rather than in opposition to each other.

Langs' (1982) conception of resistance also deviated considerably from Freud's reductive focus on intrapsychic causes of resistance. Classical psychoanalytic theory proposes that resistance is an intrapsychic protective force that blocks the emergence of anxiety and guilt producing unconscious material into conscious awareness. Langs (1980, 1982), however, believed that the therapist's countertransference-based interventions deserve just as much credit for the occurrence of resistance as the client's intrapsychic make-up. Moreover, under Freud's formulation of resistance, the therapist's assessment of resistance is not only derived subjectively, which is always open to error, but it also ignores the influence of the client on the therapist's decision (Bernstein & Landaiche, 1992; Langs, 1980). Therefore, by taking an interactional-communicative approach to understanding resistance, Langs introduced the notion of the therapeutic interaction as a major contributor to resistance. For Langs, and others (e.g., Mahrer, Murphy, Gagnon, & Gingras, 1994), resistance is more a product of the therapeutic process rather than simply a force housed within the client. The interpersonal exchange between client and therapist, in conjunction with client intrapsychic needs, determines what and how material will be revealed by the client (Langs, 1980). Consequently, Langs categorized resistance as being either "gross behavioral" (overt; e.g., silences, absences) or "communicative" (interpersonal; e.g., limited self-disclosure due to perceived therapist error). Resistance from an interactional-communicative perspective becomes a healthy, adaptive response for the client and a form of protection from threatening perceptions of the therapist (Langs, 1980, 1982). Furthermore, it shifts the therapeutic relationship away from the traditional adversarial stance to a more cooperative one (Lewis & Evans, 1986).

Bauer and Mills (1989) also contended that resistance to working through the transference in the here-and-now is not solely client-generated but also therapist-generated. Clients may resist exploring the therapeutic relationship because they either perceive the therapist is ignoring the "real" issue, they do not accept the therapist-identified transference reactions, or they fear becoming more autonomous and responsible when the transference is finally worked through (Bauer & Mills, 1989). For therapists, however, they may resist examining the therapeutic relationship because of the following: they want to avoid experiencing the potentially threatening affect of a here-and-now analysis of transference, also known as "collusion resistance" (Fox & Carey, 1999); they explore the past without linking it to the client's current interaction style within the relationship, which is a form of "directionless analysis" (Renik, 1995); they lack responsiveness in the therapeutic interaction and are staunchly neutral; they experience difficulty distinguishing transference from non-transference reactions; they assume a rigid position of certainty with regard to the transference; or they prematurely interpret a client reaction as transference when it is not (Bauer & Mills, 1989). Bauer and Mills (1989) concluded, "both sources of resistance are important to address in attempting to build a therapeutic alliance and maximize treatment gains" (p. 118). As a supplement to this list, Kluft (1992) maintained that a therapist's rigid adherence to a particular paradigm of therapy, and its accompanying blind spots, can be a significant contributor to the emergence of resistance and, possibly, an impasse. In a similar vein, Renik (1995) believed that therapists' efforts to minimize the subjectivity and hypothesis-testing nature of their interventions, thereby privileging their own point of view, is a significant contributor to the inference of resistance.

Eagle (1999) recently contributed an enlightening discussion of resistance and therapeutic change from a psychoanalytic perspective. According to Eagle (1999), a fundamental assumption as to why clients do not change in therapy, that is common to all variations of psychoanalytic thought, is a fear of the unknown and a fear of losing one's identity. As Eagle (1999) states, "people avoid change and continue to pursue even maladaptive behavior because at some deep level, they fear that changing their behavior will expose them to greater distress and danger than they are now experiencing" (p. 4). This deep level is composed of attachments, and subsequent mental representations, from early childhood that provide the individual with a sense of familiarity and security. Such a notion is reflected in Kopp's (1972) rather crude assertion that clients prefer "the security of known misery to the misery of unfamiliar insecurity" (p. 4). From Eagle's perspective, then, resistance is not manifested for the purposes of avoiding change per se but it is motivated by the individual's need to avoid painful affect, which incidentally operates from Freud's "pleasure principle." However, while traditional and contemporary analysts would agree that resistance stems from a fear of the dangers (i.e., anxiety, identity loss) that change entails, they disagree on the source of these dangers. For traditionalists, the source is awareness of the desire to gratify repressed instinctual wishes while, for modernists, the source is fear of retraumatization (Kohut, 1987). The latter is understood according to control-mastery theory, which states that maladaptive behaviours are repeated and are resistant to change because they stem from unconscious pathogenic beliefs learned early in life that, if broached by the therapist, may lead to confirmation and, thus, retraumatization (Eagle, 1999). Contrary to Freud, this implies that therapist behaviour does impact client process.

Modern-day psychoanalysts, according to Gerson (1996), have evolved to recontextualize the analytic process as "relationally constructed subjectivity." In doing so, analytic therapy has changed to reflect "the continuously evolving and mutually reciprocal influences of patient and analyst upon one another" (Gerson, 1996, p. 624). With respect to resistance, a relational perspective redefines resistance as a co-created dynamic of non-progress ("intersubjective resistance") that is expressed within an "enmeshed" transference-countertransference relationship (Gerson, 1996). Likewise, Atwood et al. (1989) contended that within an intersubjective framework, resistance is "not a product of isolated intrapsychic mechanisms but of the interface between interacting subjectivities" (p. 555). In the course of this interface, the subjective worlds of client and therapist will at times be corresponding ("intersubjective conjunction") and at other times be discrepant ("intersubjective disjunction"). According to Atwood et al. (1989), either of these two intersubjective situations can interfere with the process and outcome of therapy unless therapists become reflexively aware of how their subjective worlds affect their understanding of the client's world. Baker (1999), however, argued that the therapist's empathic failure is not the source of client resistance but that it is co-constituted by the unconscious "organizing principles" (i.e., mental schemata of affective experiences) of both client and therapist and manifested in the form of transference difficulties. Finally, Bromberg (1995) proposed that resistance be reframed as a "dialectical process of meaning construction" (p. 173) in which the struggle between self-preservation and change is always at play within an intersubjective context. In such a relationship, both members of the dyad mutually and reciprocally contribute to the creation and maintenance of the transference-countertransference. Consequently, intersubjective resistance cannot be equated with the counter-resistance of an analyst who infers an intrapsychic source for a client's resistance.

Classical psychoanalytic thought conceptualizes resistance as a phenomenon that accompanies every act of the individual in therapy and that is pervasive in client communication (Freud, 1914/1957; Greenson, 1967). The psychoanalytic approach to the management of resistance is characterized by therapist encouragement to interpret historical determinants and intrapsychic causes of the client's resistance toward treatment. While these interpretations are frequently biased by the view that resistance is an obstacle to treatment that must be overcome, Freud did acknowledge the positive attributes of resistance in his later works. For example, resistance is an indication that progress is occurring, it highlights the client's typical ego functions (e.g., defenses), and it acts as a guide for the therapist regarding the direction therapy should take (Cullari, 1996). Thus, Freud seemed to provide a dualistic conception of resistance as being both an obstacle to the therapeutic process and an important source of information for the therapist, of which contemporary psychoanalytic thinkers have extended the latter.

Psychodynamic. The psychodynamic concept of resistance is similar to the psychoanalytic concept in that it is the client's way of avoiding dealing with painful memories and the anxiety that accompanies such an exploration. Psychodynamic therapists, however, emphasize different origins of resistance and de-emphasize sexual and aggressive drives (Strean, 1985). For example, object-relations therapists place greater emphasis on the clients' interpersonal relationships that are internalized as bad objects during development (Buckley, 1996; Foehrenbach & Lane, 1994). The roots of resistance are these disturbed object relationships (e.g., "parental introject") that have been internalized and that thwart therapeutic change, because the client fears releasing such bad objects from the unconscious in lieu of the terrifying unknown (Buckley, 1996). Thus, resistance becomes more of a gap in the individual's development of the ego, due to bad internalized objects, than of repressed psychic impulses or "unbearable" material from the past (Busch, 1995; Strean, 1985). Similarly, Teitelbaum (1991) conceived resistance as an expressed developmental need and deficit in the client as a result of not experiencing protection and safety from the maternal mother during development. Since the therapeutic relationship resembles the mother-child relationship, the client is seeking nurturing maternal responses from the therapist to alleviate childhood anxieties and fears.

Alfred Adler (1914/1940) espoused the view that all client behaviour is purposive, goal-directed, and closely linked to their "depreciation tendency". With regard to neurotic symptoms, Adler (1914/1940) believed that they "originate in the 'safeguarding tendency' of the patient" (p. 236) and serve to safeguard the client's self-esteem and their "life-style" (i.e., core beliefs about self, other, and world), thus maintaining freedom from the responsibility of facing life's challenges. Therefore, clients will self-protectively respond with resistance when they experience their life-style being threatened with a change to the useful side of life, because change raises a fear for the client of the potential for failure and for being proven inferior or worthless (Boldt & Mosak, 1997; Kopp & Kivel, 1990; Rasmussen, 2002). Since the purpose of living is to belong, the fear of worthlessness and aloneness in the world encourages resistant behaviours by clients because they do not perceive alternative behaviours that will meet their need for belonging and significance (Rasmussen, 2002). Resistance was also described in the individual psychology literature as a conflict of movement and goals between therapist and client (Kopp & Robles, 1989; Kopp & Kivel, 1990; Rule, 2000). This interpersonal conflict is revealed in therapy when the client's in-session words and out-of-session actions appear largely inconsistent (i.e., paradoxical message) (Kopp & Kivel, 1990). In a broader sense, Dreikurs (1973) also defined resistance interpersonally as a failure on the part of both therapist and client to cooperate in the resolution of the presenting problem.

Within an Adlerian framework, King (1992) believed that resistance is best understood by considering three elements that motivate clients to maintain problematic behaviour. First, resistance is an inevitable occurrence in therapy because clients, despite experiencing difficulty in their lives, believe they are choosing what best serves their current interests and life-style (King, 1992). Consequently, clients will be justifiably disinclined to make changes if they feel that their current life-style affords them the most control, safety, and opportunity for success (King, 1992). Second, all client symptoms serve two purposes: (a) to avoid personal responsibility, which protects their self-esteem;

and (b) to demonstrate legitimate attempts to change their behaviour, which awards them respect and sympathy from others for attempting to overcome their life difficulties (King, 1992). Third, there may be a discrepancy in client and therapist understanding of therapy goals ("misaligned goals") due to unaddressed needs or hidden agendas of the client (King, 1992; Nystul, 2001; Rasmussen, 2002), or possibly therapist over-ambitiousness (Nathanson, 1992). With regard to whether these motivations to avoid change stem from the conscious or unconscious, Nystul (1985) claimed that resistance exists at either level.

Other psychodynamic views of resistance include Carl Jung's (1933/1960) belief that the act of resistance is the client's effort at hiding his or her negative personality traits ("shadow") from the conscious ego, because they are inconsistent with the client's self-concept. Through the client's mask or "persona" (i.e., self-image), anxiety-provoking material remains repressed and the split between persona and shadow widens, thereby disrupting the client's sense of wholeness (Jung, 1933/1960). So, for Jung (1933/1960), "the resistances of the patient may serve as valuable signposts" (p. 59). Similarly, Karen Horney (1939) viewed resistance as "the energy with which an individual protects repressed feelings or thoughts against their integration into conscious awareness" (p. 34). However, although resistance obstructs the growth process, it also acts as an indicator for the therapist as to what needs to be worked through in therapy, as well as serving a protective function from premature therapist interpretations (Strean, 1985).

Interpersonal psychoanalysts, such as Fromm and Sullivan, proposed that an individual's character develops and continues to change in relation to culture and to others (Cooper, 1991). In relation to therapy, the interpersonal actions of the client are intended to draw out and influence the therapist into responding reciprocally, thereby confirming the client's familiar self-presentation, which may be maladaptive (Eagle, 1999; Van Denburg & Kiesler, 2002). The therapist's task is to disengage from this reinforcing complementary response and empathically confront and challenge the client's maladaptive interpersonal pattern (Van Denburg & Kiesler, 2002). In this context, resistance becomes an interpersonal interaction style between client and therapist in which the client is unaware of internal conflict and anxiety (Van Denburg & Kiesler, 2002). Since the interpersonal approach views the therapist and client as constantly and simultaneously influencing each other, resistance is not an adversarial process but simply a product of the therapist-client communication style (Van Denburg & Kiesler, 2002).

Taking a holistic view of personality, Prescott Lecky's (1945) theory of self-consistency incorporated an understanding of resistance as that which maintains the organizational consistency of the self-system. Lecky (1945) conceptualized personality as an organizational system of consistent values that allows us to understand and make sense of our self and our world. In order to maintain the integrity of the system, we accept and assimilate those experiences that support our values and avoid and reject those that are discrepant with our values (Lecky, 1945). According to Lecky (1945), resistance represents our loyalty to individual values from which honesty and integrity emerge, and so it is "essential for the maintenance of individuality" (p. 119).

Thus, it would seem that psychodynamic thought views resistance as an adaptive behaviour that serves to protect the client from a perceived threat to the sense of self, thereby maintaining the client's self-esteem. Perhaps, as Bernstein and Landaiche (1992) claim, resistance is a sign of personal strength if clients become "flexibly defensive" within a safe environment and problematic if resistance becomes rigid and unyielding. There appears to be a lack of consensus, however, regarding whether the self-protective function of resistance is a by-product of the interpersonal relationship between client and therapist, or whether it is an unconsciously derived, client-driven act, or perhaps both. For example, Briggs (1991) has suggested that an individual's sense of self, from which resistant behaviour is propelled, has both an intrapsychic and an interpersonal dimension that cannot be separated because they exist in each other. Bernstein and Landaiche (1992) concur in stating that resistant interactions may emerge intrapersonally as well as interpersonally in therapy. However, in contrast to Baker (1999), they lay responsibility onto the therapist for therapy reaching an impasse because the therapist is chiefly responsible for maintaining equality and balance in the therapeutic relationship. In an attempt to integrate the dichotomized intrapsychic and interactive dimensions of resistance, Adler and Bachant (1998) espoused the view that clients will unconsciously protect the self if they perceive their sense of identity being threatened by the therapy or the therapist. As clients strive to preserve or re-establish their intrapsychic equilibrium, the resistance can be worked through in the context of an empathic, secure interpersonal relationship, which is interactive by its very nature. These views, however, differ considerably in comparison to short-term dynamic therapy, where resistance is viewed as a process phenomenon of the therapeutic relationship and not an expression of the intrapsychic disturbances within the client (Strupp & Binder, 1984). Conversely, the neo-Freudians seem to approach resistance as a self-protective force housed within the client that is relatively uninfluenced by the interpersonal nature of the therapy process.

Cognitive-Behavioral. Within the cognitive-behavioral rubric of therapy there are many different models and variations of counselling theory and practice (e.g., behavioral, cognitive, constructivism, personal construct, rational-emotive, transactional analysis, social influence), each seemingly with its own distinct conceptualization and approach to dealing with resistance. As each model is described here, and in keeping with the cognitive-behavioral tradition of dissociating itself from the psychoanalytic school, the reader will find variations of the term resistance being used, such as oppositional, noncompliance, and reactance. Although there are slight differences in the meaning of these terms, they will be used interchangeably to refer to the construct of resistance.

Due to their different ideas about human nature, it would seem that the differences between the cognitive-behavioral conception of resistance and the classic psychoanalytic view are considerable. However, comparisons between these two paradigms may be equated to the metaphor of comparing apples to oranges when one considers that the cognitive-behavioral therapies are ostensibly "less rich" in theoretical ideas and are more geared toward scientific practice. The cognitive-behavioral view of resistance tends to limit itself to the operational definition, classification, assessment, and prevention of resistance (Liotti, 1987). On the other hand, psychoanalysis, as described by Dewald (1982), professes a "comprehensive, internally consistent, clinically applicable conceptual understanding of what resistance means, how and why it has developed, and what are its implications in the overall mental life of the patient" (p. 216). Liotti (1987) has observed that, more often than not, when the cognitive-behavioral approaches happen to discuss resistance theoretically, they tend to rely on psychoanalytic explanations. Therefore, from an epistemological point of view, perhaps these paradigms differ superficially on the concept of resistance but not substantively (Liotti, 1987).

Resistance has been variously defined as overt behaviour, or patterns of behaviour, that reflect the client's conscious unwillingness to comply with the therapist and the therapeutic process (Birchler, 1988); the client's lack of motivation to work on the presenting problem (Jahn & Lichstein, 1980); and a basic reluctance toward change (Blatt & Erlich, 1982). It has more broadly been defined as "all client behavior that the therapist labels antitherapeutic" (Turkat & Meyer, 1982, p. 158). The obvious limitation of these definitions is that the therapist decides when the client is being resistant, which disempowers the client, obscures other variables in therapy (e.g., therapist) as possible contributing factors (Jahn & Lichstein, 1980), and is subjective and somewhat imprecise.

While the concept of resistance originally held a minor place in behavior therapy, due to the assumption that clients are rational beings who readily comply with therapists (Goldfried, 1982), contemporary therapists have begun to examine resistance more closely in light of recognized treatment failures (Kendall, Kipnis, & Otto-Salaj, 1992). Munjack and Oziel (1978) offered five categories of resistance that described certain types of obstacles found in the therapeutic process that oppose or hinder change. In Type I resistance, the client does not fully understand the rationale of the therapist's suggestion, interpretation, or intervention, which may result in such behaviour as not completing prescribed homework assignments. Type II resistance refers to the client not knowing how to properly implement the therapist's suggestion due to a deficit in skills (e.g., interpersonal). Type III resistance, the most common, involves either a lack of motivation on the part of the client to work on the presenting issue or a low expectation for therapeutic success. Some potential sources of such resistance include a fear of failure, previous negative therapy experiences, poor goodness-of-fit between therapist and client, the influence of negative expectations by others, a hopeless and helpless characteristic style, and mandated treatment. Type IV resistance indicates an inhibition about discussing particular issues in therapy that are anxiety or guilt producing as a result of previous relationship experiences. Type V resistance reflects the secondary gains (Greenson, 1967) or positive reinforcement clients achieve from the difficulties they experience, such as attention and sympathy from others. Again, the most obvious limitation from all five of these types is that the onus of responsibility for the emergence of resistance rests largely on the client, which is indicative of the behavioral approach.

Birchler (1988), however, contended that "viewing resistance as an inevitable, negative, client-based phenomenon is too susceptible to post hoc rationalizations for unsuccessful treatment" (p. 131). Instead, he asserted that resistance serves several positive functions, such as: (1) protecting clients from change that is not in their best interests, thereby ensuring stability; (2) regulating change from occurring too quickly, so that it does not overwhelm clients; (3) identifying a mismatch between client goals for therapy and the expectations of the therapist; (4) providing important information about the therapy process (e.g., inappropriate intervention, sensitive client issues); and (5) alerting therapists to their own intervention errors (Birchler, 1988). Birchler (1988) did acknowledge that resistance can serve several negative client-based functions in therapy as well (e.g., lack of motivation to change), but he advised therapists to consider them only as a last resort due to their controversial nature. Surprisingly, however, one of Birchler's (1988) negative factors contributing to resistance, that clients may hold conscious or *preconscious* hidden agendas at the outset of therapy, appears to cross over into psychoanalytic theory as a more encompassing explanation for resistance despite behavior theory's stance that there is no proof for the existence of preconscious thought.

Lazarus and Fay (1982), who can be considered radical behaviorists, also do not view resistance as the result of client dysfunction but rather an "elaborate rationalization that therapists employ to explain their treatment failures" (p. 115). Such an extreme perspective, however, falls on the opposite end of the continuum and does not allow the client to take any responsibility for treatment process and outcome. Oddly, despite the generalization that therapists are at fault for treatment failures, two of the four main sources of resistance identified by Lazarus and Fay (1982) involve client factors: (1) the client's individual characteristics; (2) the client's interpersonal relationships outside of therapy; (3) the therapist or therapeutic relationship; and (4) the nature of psychotherapy.

Golden (1989) suggested a more objective and global view of resistance in that all possible factors (e.g., therapist, client, therapeutic relationship) should be taken into account when assessing treatment difficulty or failure. In so doing, the therapist is able to directly intervene and resolve the difficulty rather than merely analyzing, interpreting, or rationalizing it (Golden, 1989). The cognitive-behavioral approach to resistance, according to Golden (1989), initially involves assessing whether the source of the resistance is based within the client, a function of the client's environment, or the result of therapist or therapy factors. Golden (1989) then suggested exploring, identifying, and problem solving the "self-defeating cognitions, motivational problems, 'hidden agendas', higher-order anxieties, and reinforcing consequences" (p. 6) that encourage resistance.

Rothstein and Robinson (1991) proposed that two of the most common ways for resistance to emerge is through the inappropriate use of interventions by the therapist and when clients experience a threat to their core constructs of self and other. In the latter situation, Rothstein and Robinson (1991) recommended that if a general inquiry into the client's resistance does not prove helpful, then therapists can use the therapeutic relationship as a "mechanism for change," and not simply as a necessary condition for change, by engaging the client in a communication about the process of therapy. In so doing, the client has an opportunity to explore with the therapist their respective emotions regarding their interpersonal exchange, understand its meaning in relation to self and other, and assimilate this new knowledge within the client's core constructs.

Likewise, Davis and Hollon (1999) have recently cited four main reasons for noncompliance and resistance: (1) client beliefs or attitudes that interfere with the process of therapy; (2) unrealistic client expectations about the pace of change (i.e., too slow); (3) therapist limitations in executing the cognitive approach; and (4) a mismatch between the cognitive approach and the client. With regard to the first stated reason, Davis and Hollon (1999) believed it important to distinguish "passive noncompliance" from "active resistance." The former stems from negative expectations for change, due to low self-efficacy, despite a sincere desire for change. The latter suggests little motivation for change and an openly confrontational stance. Regardless of the source, Davis and Hollon (1999), as with Golden (1989) and Rothstein and Robinson (1991), proposed that the therapist is obliged to identify and explore the client's underlying beliefs and attitudes.

Alford and Lantka (2000) provided a more contemporary cognitive-behavioral view of resistance that is based on the main principle of behavior modification: "the consequences of a behavioral event influence the occurrences of similar future actions" (p. 566). More specifically, immediate consequences tend to be more influential than delayed consequences in shaping our future actions, which can create a conflict of consequences (e.g., short-term positive vs. long-term negative) (Alford & Lantka, 2000).

Related to the concept of resistance, clients may resist by disengaging from therapeutic activities that encourage the expression and exploration of sensitive issues as a way to create a short-term positive outcome (e.g., emotional avoidance) even though it also perpetuates a long-term negative outcome (e.g., emotional stasis). It is illogical for clients to participate in therapeutic activities that do not lead to immediate reinforcement, so they resist by engaging in conduct that is counter-therapeutic to their goals but immediately reinforcing. In this respect, resistance can be viewed as related to "the failure to resolve conflict between short- and long-term consequences" (Alford & Lantka, 2000, p. 571).

Some cognitive therapists (e.g., Meichenbaum & Gilmore, 1982) take a rationalist view of resistance as a problematic component of the therapeutic process that needs to be eliminated for outcome to be positive. Others (e.g., Newman, 2002; Verhulst & van de Vijver, 1990), however, have proposed that resistance serves as an indicator or signal that the therapy is nearing an important juncture relative to the client's difficulty, which is in line with Freud's (1933/1972) belief that resistance points out the direction of therapy. With resistance being reconceptualized as a process marker (i.e., an optimal point in the session for cognitive or emotional exploration), cognitive therapy seems to be accepting resistance as a normal and expected experience in therapy that provides the therapist with an opportunity to explore valuable client information.

Contributing to the evolution of resistance was the constructivist movement and the belief that meaning making is the primary goal of human mental functioning (Liotti, 1987); that people actively construct and organize their perceptions of reality (i.e., experiences) into meaning systems (i.e., cognitive schemata) (Dowd & Sanders, 1994; Dowd & Seibel, 1990; Mahoney & Gabriel, 1987). The act of construing reality generates information that is matched against the individuals' existing cognitive templates of experience, typically resulting in a preservation of the original meaning structure. Mahoney (1991) has argued that these templates are difficult to change because they are deeply embedded in our meaning systems. These cognitive schemata or constructions of reality will be resistant to change, to a greater or lesser extent, depending on how well the particular construct has been integrated into the individual's overall meaning system, how many other constructs are subsumed under that particular construct, and how predictive the construct is of events in the individual's life (Liotti, 1989). Thus, the more meaningful and central the construct is to the individual's sense of self and reality, the more resistant it will be to change (Liotti, 1989). For the individual to do otherwise would threaten the individual's "integrity, coherence, or (felt) viability as a living system" (Mahoney, 1991, p. 329). In this context, resistance acts not as a defense but as a part of our natural albeit tacit cognitive process of construing reality, and assimilating and accommodating new experiences (Liotti, 1987). Moreover, the assimilation of new information is likely to be resisted until the individual has had sufficient time to assess and examine the implications of doing so (Kottler & Uhlemann, 1994).

The self-protective theory of resistance espoused by constructivism is quite similar to Lecky's (1945) theory of self-consistency discussed earlier. In fact, according to Mahoney (1991), the self-protective conception of resistance has roots in humanistic, existential, and psychoanalytic writings. So, the constructivist view of resistance as serving an adaptive, pacing function in tacitly protecting the "core organizing processes" that bring us stability and coherence in our lives from rapid and complete reconstruction (Mahoney, 1991) is not a novel conceptualization. However, while parallels may be drawn between this self-protective view and the psychoanalytic perspective of resistance as defensiveness, the former encompasses much more positive and healthy functions while the latter assumes a conflictual, self-defeating dynamic (Mahoney, 1991).

Kelly's (1955) personal construct psychotherapy puts forth the view that the therapist's task is to fully understand the client's construct system (i.e., how the individual construes the world), to provide the necessary conditions in therapy for the development of new constructs, and to collaborate in resolving the client's presenting problem. Resistance is viewed positively as "an expression of the client's continuing pursuit of an optimally predictive system" (Kelly, 1955, p. 1050). For example, clients may manifest resistance to "loosen" a particular construction of a problem because they are having difficulty viewing it in abstract form. Therapists may perceive this behaviour as resistance and offer up premature interpretations. Clients, subsequently, may feel threatened by the interpretations, in that it confronts them with the anxiety-laden prospect of major reconstruction, so they are likely to "tighten" their constructions further. According to Kelly (1955), "the client who loosens his construction is likely to feel vulnerable. The best protection, from the client's point of view, is not to express any more loose constructs while the therapist is around" (p. 1053). Consequently, the client can never be found at fault for the manifestation of resistance because it is the therapist's job to subsume the construing of the client (Fransella, 1993). Resistance thus becomes the client's way of demonstrating to the therapist that he or she is not perceiving the problem the way the client does and that some reconstruing is needed on the part of the therapist, or that alternative constructs have not been adequately developed in therapy to take the place of existing ones (Fransella, 1993). In other words, the construction of resistance by a client is actually the therapist's incongruency of expecting change when the client has chosen at that moment not to change (Mahrer et al., 1994).

The personal construct perspective, however, is not to be understood as agreement with Lazarus and Fay's (1982) contention that resistance is a therapist's rationalization for treatment failure. The issue of responsibility for personal construct theorists is more reflective of Golden's (1989) perspective, that individuals are responsible for their own choices in life (Fransella, 1985), including both therapist and client. Since the personal construct view of human nature is that we inherently change, then "clients are not resisting change, they are choosing not to change" what the therapist thinks should be changed (Fransella, 1993, p. 119). Differing slightly in this view are experiential personal construct psychotherapists who emphasize the individual's interactions with others as centrally important in personal construct meaning-making. Reflecting constructivist thought, resistance can be defined as an active process of protecting core constructs of interpersonal relating from invalidation (Leitner & Dill-Standiford, 1993). The therapist's task is to explore and validate the fear experienced in changing or reconstructing aspects of the client's identity and, in so doing, nurture the client's freedom to risk the self with others (Leitner & Dill-Standiford, 1993).

The rational-emotive therapy (RET) approach to resistance assumes that clients possess powerful self-defeating and irrational cognitions and beliefs that are the source of their resistance (e.g., not completing homework assignments) as well as their presenting issues (Ellis, 1983b, 1995, 2002). Although RET explicitly does not support the psychoanalytic perspective on resistance, it does propose that the many irrational beliefs that underlie resistance are partially unconscious, held with strong emotions and fixed behaviours, held by virtually all clients, difficult to change, and likely to return post-treatment (Ellis, 1983b, 1995). Some common forms of resistance include: (1) "healthy" resistance (e.g., resistance to therapist intervention errors); (2) resistance related to moralistic therapist attitudes; (3) resistance created by fear of discomfort (i.e., low frustration tolerance); (4) resistance stemming from feelings of hopelessness about changing; (5) resistance derived from client-therapist mismatching; (6) resistance emanating from client "transference" disturbances; (7) resistance motivated by self-punishment (or superego resistance); (8) resistance emerging from fear of disclosure about self; (9) resistance motivated by fear of change or success; (10) resistance stemming from reactance and rebelliousness; (11) secondary gain resistance; and (12) resistance caused by therapist relationship problems (Ellis, 1983a, 1995, 2002). While Ellis appears to partly consider the therapist's role in generating resistance in therapy, it is clear that he views the construct dichotomously as either being a failure on the part of the therapist or, more often, on the part of the "disturbed" client. Furthermore, Ellis' descriptions of different forms of resistance seem to resemble the traditional psychoanalytic perspective more closely than he may be willing to admit.

While transactional analysis has roots in the psychoanalytic tradition, Berne's version of the theory is discussed here within the cognitive-behavioral paradigm because of its tendency to be viewed as an "action" therapy. According to transactional analytic thought, resistance signifies a fear of change to an individual's survival system (i.e., life script) through therapy (Weil, 1985). In this respect, resistance serves a self-protective function and, in effect, is an indication of the client's willingness to survive (Weil, 1985). Specifically, however, transactional analysts do not refer to clients as resistant, per se, but instead of holding "contradictory motives" in therapy (Weil, 1985). These motives become contradictory when the client is faced with a therapeutic intervention that does not fit the client's particular frame of reference, so the transaction becomes redefined through resistant behaviour (e.g., shift in focus) (Weil, 1985). In the course of redefining transactions, clients are aware of the psychological games they play that maintain homeostasis and therapists will analyze these games in terms of the psychological and social gratifications reaped by the client (Terlato, 2001).

As a cousin concept of resistance, the theory of psychological reactance (Brehm, 1966; Brehm & Brehm, 1981) asserts that individuals possess "free behaviors" that can be accessed in the moment or at some future time, and that the motivational state of psychological reactance will be aroused whenever any of these "free behaviors" are eliminated or threatened with elimination. Brehm (1966) argued that a perceived loss of control intrinsically motivates human beings to restore that control through behaviours known as "reactance effects." For example, if a counsellor encourages a client to complete a homework task as part of therapy, the client may restore freedom by opposing the therapist's instruction. According to Brehm (1966), the amount of reactance generated by the loss of freedom is a direct function of four distinct variables: (a) the importance of the threatened free behaviour to self; (b) the assumption or expectation that freedom is possessed by the self; (c) the magnitude of the threat to the free behaviour; and (d) the implication of that threat for other freedoms. Brehm (1966) argued that this motivational state might be expressed directly through oppositional behaviour (e.g., silence), or indirectly by observing others perform the threatened behaviour or by engaging in a related behaviour. Clients may not necessarily be aware of their reactance in the moment, but those that do will likely react in direct and observable ways. Individuals may also restore their sense of freedom with aggression toward the threatening agent (e.g., negative feelings toward therapist) or with an increased liking for the threatened behaviours (i.e., overcompliance) (Brehm, 1966). Thus, it would seem that a sense of control is important to our identity and construction of reality.

As a descendant of social psychology, this theory initially assumed that reactance arousal is determined primarily by characteristics of the situation, rather than individual differences (Cherulnik & Citrin, 1974). However, a great deal of evidence (Brehm, 1966; Brehm & Brehm, 1981; Buboltz, Thomas, Donnell, 2002; Donnell, Thomas, & Buboltz, 2001; Dowd, Milne, & Wise, 1991; Dowd & Sanders, 1994; Hong & Page, 1989; Jahn & Lichstein, 1980; Johnson & Buboltz, 2000; Seibel & Dowd, 1999, 2001; Thomas, Donnell, & Buboltz, 2001) has since shown that individual differences play a greater role in our reactance potential (i.e., tendency to be oppositional) than was originally proposed by reactance theory. For example, Dowd and Wallbrown (1993) and Dowd, Wallbrown, Sanders, and Yesenosky (1994) found that reactance was positively correlated with such personality variables as dominance, independence, autonomy, self-sufficiency, and denial. Thus, if reactance is partly characterological, then reactance potential may be viewed as a client variable that mediates the process and outcome of therapy (Dowd & Seibel, 1990; Courchaine, Loucka, & Dowd, 1995).

Another social psychological theory that deals explicitly with the concept of resistance is social influence theory, which treats counselling as a process of interpersonal influence (Strong, 1968). This model, introduced by Frank and further developed by Strong, assumes that our behaviours are governed by our attitudes, so the life problems that we experience can be ameliorated predominantly through attitude change (i.e., attributing the cause of the problem to internal factors) (Dorn, 1986). The counsellor's function is to encourage or influence clients to reattribute their difficulties to factors over which they have control. The process of reattribution is facilitated when clients can perceive the counsellor as someone who is expert, trustworthy, and socially attractive (i.e., similar and compatible) (Strong, 1968). The counsellor attempts to foster attitude change by intervening in a way that is discrepant from and challenging to the client's belief system (Dorn, 1986). Following an approach-avoidance conflict model of persuasion (Dollard & Miller, 1950), clients are likely to experience psychological discomfort from the counsellor's influence attempts, also known as *cognitive dissonance* (i.e., perceiving an inconsistency between one's sense of self and the world), and will tend to resist the counsellor's efforts (Dorn, 1986). When individuals experience dissonance, they will be motivated to reduce it in one of five ways: (1) by accepting the opinions of the counsellor, (2) by discrediting the counsellor, (3) by minimizing the problem, (4) by changing the counsellor's opinion, or (5) by contradicting the counsellor's opinion with additional information (Dorn, 1984).

Given that clients are more likely to accept the counsellor's influence attempt if they perceive the counsellor as an individual who is expert, trustworthy, and socially attractive, client change becomes a function of what Strong and Matross (1973) called the "impelling" (approach) and "restraining" (avoidance) forces acting upon the client. In other words, clients will accept the intervention to the extent that they perceive counsellor social power (impelling force; legitimacy) as being greater than their experience of opposition (restraining force; illegitimacy) (Strong & Matross, 1973). Yet, perceiving the counsellor as socially attractive has been shown to be more effective than perceptions of either expertness or trustworthiness in decreasing the potential for resistance (Kerr, Olson, Claiborn, Bauers-Gruenler, & Paolo, 1983; Miller & Wells, 1990).

The concepts of opposition and resistance differ slightly in that opposition is defined as the client's disagreement with the characteristics and implications of the content of the counsellor suggestion, while resistance is viewed as the client's rejection of the influence attempt due to the manner in which the counsellor suggestion is stated and by the characteristics of the counsellor stating it (Strong & Matross, 1973). In this context, resistance may be viewed as occurring in one of two ways: (1) when clients perceive the influence attempts as being illegitimate due to counsellor-style variables, or (2) when clients perceive the influence attempts to be incongruent with the way they normally view their counsellor (i.e., counsellor's predominant power base) (Ruppel & Kaul, 1982; Strong & Matross, 1973). So, if a client perceives a counsellor as operating from a referent (i.e., socially attractive) power base and the counsellor intervenes from an expert power base, then the client may be resistant to the influence attempt (Dorn, 1984). Client opposition, on the other hand, occurs when the discrepancy in the content of the intervention is far too great for the client to accept (Dorn, 1984). Thus, "the degree of client resistance corresponds to the perception of the counsellor or influence attempt as illegitimate, regardless of the content of the influence" (Ruppel & Kaul, 1982, p. 232).

While much of the research on social influence theory has investigated how the counsellor influences the client, it is important to remember that counselling is an interaction between two individuals engaged in a process of trying to influence the other to meet their needs (Strong, 1987). Consequently, the client has an equal opportunity of exerting influence within the therapeutic encounter (Courchaine et al., 1995). Given that research has consistently shown that client variables account for the major source of variance in outcome (Bergin & Lambert, 1978; Beutler & Crago, 1992; Garfield, 1994; Lambert, 1992; Orlinsky, Grawe, & Parks, 1994), it is important that client characteristics be investigated in terms of their influence on counsellor social power.

Thus, it seems that the cognitive-behavioral orientation has evolved from perceiving resistance as a negative, client-initiated behaviour that must be mitigated and abolished in therapy to a normal, healthy client effort that maintains autonomy within the therapeutic interaction. Contemporary cognitive and constructivist theorists assert that resistance is the individual's way of preserving the structures of meaning that are basic to all human mental functioning. Reactance and social influence theorists concur by focusing on individuals' sense of personal control in their lives.

Humanistic. Contrary to what many clinicians assume, the humanistic paradigm has not ignored the concept of resistance entirely. In fact, the humanistic view of resistance is similar to the psychoanalytic view in that it is thought to serve a defensive, self-protective function (Cullari, 1996). For example, the client-centered approach to counselling is guided by the principle of self-actualization – that people constantly and naturally strive for awareness and realization of their potentials (Rogers, 1961). Through therapeutic conditions of empathy, genuineness, and unconditional positive regard, it is assumed that client growth and development will occur (Rogers, 1961). Clients, in the early stages of therapy, will monitor their self-disclosures closely as a way of protecting and maintaining their self-concepts (Rogers, 1958). Therefore, experiences in session that are incongruent with the self-concept may become distorted or "blocked" from the client's awareness in order to maintain the existing self-concept (Rogers, 1958).

According to Rogers (1942), the client-centered view of resistance differs from psychoanalytic thought in that resistance "is not an inevitable part of psychotherapy … but that it grows primarily out of …. unwise attempts on the part of the counselor to short-cut the therapeutic process by bringing into the discussion emotionalized attitudes which the client is not yet ready to face" (p. 151). It seems, according to Rogers' view, that the resistance expressed by clients is more in response to a perceived threat to their sense of self from premature therapist intervention rather than from the intrapsychic threat of repressed thoughts and emotions filtering into consciousness. However, prior to this statement, Rogers (1942) notes that clients who find it difficult to discuss their problems, even in the context of good rapport, are resisting because "the counseling process has been painful. Material has been brought into consciousness which the client has been reluctant to face…. Naturally the counselor and the counseling situation become something to avoid" (p. 150). Shortly thereafter, Rogers (1942) adds that clients often come to counselling with attitudes about their problems that are "repressed" and counsellors who attempt to reflect these unverbalized attitudes to their clients "may seem to be very much of a threat to the client, may create resentment and resistance, and in some instances may break off the counseling contacts" (p. 152). So, while Rogers tends to subscribe to the notion that resistance emerges from poor counsellor technique, he seems to also couch his descriptions of resistance in classic psychoanalytic language.

Existentialists, such as Bugental and Bugental (1984), proposed that resistance is a fear of confronting the real self, of taking responsibility for one's choices, and of facing a meaningless existence. So what is resisted is not the therapist or the therapeutic setting, but coming to terms with their inauthentic life and the ways in which they have limited their experiences. According to Craig (1995), the paradoxical and ambivalent nature of resistance mirrors the individual's inauthentic life in the simultaneous tendency for closeness and distance; "in the house of resistance, desire and fear collide" (p. 181). So for existentialists, resistance is simply one of the ways clients manage their perception of themselves and their world. Again, resistance here takes on a healthy, adaptive, and self-protective function, that clients will resist when a threat to their life structures is being experienced. In therapy, change cannot help but threaten these structures that constitute clients' lives, so relinquishing them is tantamount to killing off the known self for the unknown self. Consequently, resistance becomes not only "that which blocks the patient's full living; it is also what makes possible the ways in which the patient does have life" (Bugental & Bugental, 1984, p. 543). The therapist's task, according to Bugental and Bugental (1984), is to join clients in trying to understand what they perceive is being threatened, and to validate their protection of the self as a way to influence them toward a more active readiness for change.

Worrell (1997) reinterpreted resistance from an existential-phenomenological perspective, which rejects the therapist's role as "expert change agent." Resistance is viewed from a relational, intersubjective perspective in which client and counsellor interpret reality and create meaning in relationship to each other. The "resisting self" is not a fixed entity residing within the individual, as psychoanalytic theory proposes, but "the product of relational experience" (Worrell, 1997, p. 9). Thus, we again see strong overlap between Worrell's conceptualization of resistance and contemporary analysts such as Gerson (1996), Atwood et al. (1989), Baker (1999), and Bromberg (1995), further highlighting how blurred the various theoretical distinctions of resistance have now become. Coloured by his own theoretical subscription, Worrell's (1997) definition differs slightly in that resistance represents the avoidance of "ontological anxiety"; anxiety that clients experience when they choose to change their sense of self and subsequently realize that the self is simply a construction and the distressing notion of non-being is entertained. Worrell (1997) further postulated that therapists are not immune to ontological anxiety and that in their attempts to avoid such anxiety they may judge clients to be resisting when it could be that they are resisting *being with* the client.

A phenomenological perspective was also taken by Snyder (1982) in viewing resistance as a form of "engagement." Following from Milton H. Erickson's (1964) conception of resistance as a form of communication, Snyder (1982) postulated that resistance is "an individual's mode of expression in the world," (p. 102) and that what should be the focus of therapy is exploring its meaning rather than simply attempting to overcome it. In doing so, therapists can collaboratively assist their clients in exploring their perspective of the world without having to assume an objective-like stance in relation to their clients and risk forming an adversarial relationship. As Snyder (1982) noted, "therapists can open their own perspectival experience without fearing that their own frustrations regarding the resistance will dictate responses to the client" (p. 103).

Perhaps Gestalt therapy's Fritz Perls (1947/1969) discussed the concept of resistance more than any other therapist within the humanistic tradition. According to Perls (1947/1969), resistances "are not an evil, but are rather valuable energies of our personality – harmful only when wrongly applied" (p. 153). Moreover, in order to understand resistance, one must consider the dialectics of the concept and appreciate the client's perception of resistance as assistance (Perls, 1947/1969). In a similar vein as Rogers, Bugental, and Worrell, Perls (1947/1969) believed that clients resist as a way to avoid facing certain shameful and embarrassing aspects of the self or the environment, so clients are resisting the awareness of these aspects (Cole, 1994). In fact, early innovators of Gestalt therapy specified resistance in terms of two types: resistance to awareness and resistance to contact (Engle & Holiman, 2002). The former is understood as an avoidance of the awareness that an internal conflict exists within the self, and the latter is described as the inability to exercise the assertiveness needed to interact with the environment and meet one's needs (Engle & Holiman, 2002). The value in exploring resistance is that it brings into awareness that isolated part of the client that needs to be reunited with the client's whole being (Breshgold, 1989). According to Perls (1947/1969), clients should be encouraged to express the avoided aspects of the self in order to fully experience their resistive interaction style, but not through therapist coercion as Freud was known to do during free association. Moreover, Perls (1947/1969) disagreed with Freud's contention that it is sufficient to make the unconscious conscious but, instead, believed that the unconscious needs to be brought into awareness, re-evaluated, and re-experienced before the client can accept it into being. Therefore, it seems Perls held the view that resistance is an integral aspect of the therapeutic process that should not be overcome but identified and explored. For Perls, it is more important to understand the client's avoidance process rather than what is being avoided.

Contemporary Gestaltists, however, no longer use the word resistance when describing a client's internal conflict toward change because it creates an adversarial therapeutic relationship and places the therapist in the role of expert (Polster & Polster, 1976). Consequently, resistance is viewed as unnecessary and incompatible with the practice of Gestalt therapy. Nonetheless, these theorists resonate with the conflictual experience of a client struggling to preserve stability and familiarity while, at the same time, desiring meaningful change. Their preference, however, is to use the client's resistance as an indication that facilitation of client awareness is needed in order to resolve the client's ambivalence toward change (Engle & Holiman, 2002). Thus, the therapist's task is to engage the client in learning about, and reflecting back on, how the client functions and uses assertiveness in the world (Engle & Holiman, 2002). In this framework, resistance becomes "a necessary aspect of human functioning that carries with it both self-protective and self-limiting aspects" (Cole, 1994, p. 71).

Systemic/Strategic. Family therapists, for the most part, view resistance as a natural occurrence in therapy that should be worked "with" rather than "against." Systems theory proposes that the individual is part of a complex relational ecosystem (i.e., the family) (Lerner & Lerner, 1983), so it takes a circular (interactional) rather than a linear view of reality (Seaburn, 1988). Any change in one member of this system sets in motion a series of changes to the rest of the system ("reciprocity of behavior"). As a way to maintain the integrity of the system, the family either consciously or unconsciously works toward "homeostasis" (i.e., maintenance of an acceptable balance of behaviour in the family despite changes in the environment) (Bernstein & Landaiche, 1992; de Shazer, 1984). Applied to the concept of resistance, any attempts by the therapist to change this system will be met with a homeostatic force, or a resistance, because the therapist would be viewed as a threat to family cohesion and stability (de Shazer, 1984; Lerner & Lerner, 1983). From this "functionalist" perspective, resistance serves an adaptive function within the context of the family system. Furthermore, systems theory assumes that the therapist bears the responsibility of dealing with the resistance (Bernstein & Landaiche, 1992) and, as such, must negotiate the family's boundaries in order to be accepted and endowed by the family with the power to be therapeutic (Anderson & Stewart, 1983).

Strategic theorists, such as Bateson, Jackson, and Haley, assume that resistance will naturally occur, so it is more helpful to "go with the resistance" and use it rather than oppose it (Marshall, 1982; Nichols & Schwartz, 1998). Perhaps no one contributed more to the strategic approach to resistance than Milton H. Erickson (1964, 1965, 1977). He believed that resistance was an unconscious motivating force that influenced feeling, thought, and action. For Erickson (1964, 1965), clients communicated their difficulties primarily through their symptoms, so he viewed and treated resistance as a symptom. Erickson (1964) stated that resistance "is a vitally important communication of a part of their problems and often can be used as an opening into their defenses" (p. 8). By resisting, the client is providing the therapist with "an informative exposition of certain of his important needs" (Erickson, 1964, p. 8) and, thus, construed as a way of cooperating. Resistance, then, is perceived as a positive occurrence that could be used as part of the therapeutic process and thus should be "graciously" accepted, appreciated, and respected.

Given Erickson's "utilization approach" to therapy (i.e., utilizing the client's way of thinking and feeling, attitude, style of speech, and symptoms), interpretation or confrontation of resistance was discouraged (Otani, 1989b; 1989c). Instead, the following techniques were emphasized: (a) acceptance of client noncompliance; (b) confusion tactics (e.g., nonsequiturs, improper syntax, inhibited motor expression); (c) paradoxical encouragement, or *double bind* (choice between two alternatives subtly leads to the same end); (d) displacement ("transfer the resistance to another object or situation"); (e) dissociation ("divide resistant thought from resistant action"); (f) and reframing ("client's frame of reference is altered through the manipulation of connotations that are associated with certain behaviors or situations") (Dolan, 1985; Dowd & Milne, 1986; Haley, 1973; Knowles, Butler, & Linn, 2001; LaClave & Brack, 1989; Otani, 1989b, p. 205, 1989c; Watzlawick, Weakland, & Fisch, 1974). These techniques tacitly disrupt and occupy a client's resistance, thereby increasing compliance (Knowles et al., 2001). The double bind technique, for example, circumvents resistance and reactance by providing "an illusory freedom of choice between two possibilities, neither of which is really desired by the patient but are actually necessary for his welfare (Erickson & Rossi, 1975, p. 144). The paradoxical interventions of symptom prescription, restraining, and reframing have been written on extensively (e.g., Buda, 1972; Dowd & Milne, 1986; Griffin, 1985; LaClave & Brack, 1989; McHolland, 1985) and have been shown to be somewhat effective (Kolko & Milan, 1983) in utilizing clients' emotions and motivations to achieve their therapeutic goals. Through such interventions, the therapist, in effect, joins with or matches the client (also known as "pacing"), thereby eliminating the object the client is supposedly resisting against, and redirects the client's behaviour in areas that may be more fruitful to explore (Feldman, 1985). By doing so, a "second order change" occurs, which is a change in the rules that direct how the client responds to problems and thus has long-term benefits (Watzlawick et al., 1974).

Family therapists are well known for their use of nonlinear and ambiguous forms of communication (i.e., metaphors, anecdotes, allegories, stories) as mechanisms for change in counselling. It has been suggested (i.e., Lyddon, Clay, & Sparks, 2001; Paulson, 1996; Romig & Gruenke, 1991; Rule, 2000) that the use of metaphors is also effective in dealing with resistance. Described as a "symbolic representation of an idea or concept in communication" (Paulson, 1996, p. 11), the indirect and less threatening nature of metaphors facilitates the building of rapport, takes the client's frame of reference into consideration, and, perhaps most importantly, fosters a sense of control within the client. Given that metaphorical communication is embedded with multiple meanings and interpretations, the client is free to decide what significance, if any, the metaphor has for him or her. Romig and Gruenke (1991) have also noted that metaphors tend to disrupt old thinking patterns, including automatic and well-ingrained defenses, so clients are left to naturally engage in the curiosity and challenge of the metaphor. Rule (2000) described an intriguing aphorism from the poet Ranier Marie Rilke that captures the paradoxical human tendency to desire change while, at the same time, maintaining stability: "If my devils are to leave me, I am afraid my angels will take flight as well" (p. 184-185). This metaphor has the potential of resonating for clients in terms of their own conflicted desire to rid their existence of disturbing thoughts, feelings, or behaviours while, at an unconscious level, also fearing that a change in any one aspect of the self necessitates a change in all aspects of the self, including the angels that protect their self-esteem. Lyddon et al. (2001) contend that such metaphors facilitate clients' engagement with their ambivalence about change and lessen the perceived threat of directly working with certain emotions. As such, "metaphors may function as a safe bridge between the part of the client that wants to change and the part that does not" (Lyddon et al., 2001, p. 273). However, according to Rule (2000), the utility of Rilke's metaphor is found in its potential to generate a discussion and exploration of the "symbiotic roles of the devils and angels" relative to the client's issue (p. 190).

Contemporary family therapy conceptualizations of resistance have departed somewhat from the traditional systems and systemic way of thinking. For example, de Shazer (1984, 1989) views resistance as an explanatory metaphor for non-change that, over time, has become reified in counselling theory and practice. Consequently, it is no longer a useful concept, because it can never again be a metaphor, and we would do well to replace it with the concept of "cooperating." He further makes the point that our beliefs tend to create our realities. So, for the therapist who believes in the concept of resistance, he or she finds it "in every knook and cranny" (de Shazer, 1989, p. 230), thereby creating a self-fulfilling prophecy. de Shazer believes that what is traditionally known as resistant behaviour is actually unique ways of cooperating (de Shazer, 1984, 1989). In this regard, the therapist's role becomes one of aligning or joining with the family and allowing them to guide the therapist toward their preferred way of working. For the similar reason that Schafer (1973) prefers to use the verb of resistance, de Shazer (1984) stresses the importance of using the adjective of cooperation in an effort to avoid reifying this concept as well. Cooperating suggests continued interaction between members of the system, whereas cooperation follows a linear way of thinking.

Likewise, the neurolinguistic programming approach to therapy views all resistance as being due to therapist inflexibility and, as such, the therapist's sole responsibility to remedy (Yapko, 1984). This particular view of resistance may be useful in placing more responsibility onto the therapist to engage the client's agency and work collaboratively toward change. However, it could also be unhelpful by creating doubt within individual therapists regarding their competencies as practitioners, if successful outcomes are not readily obtained, as well as negating the view that the source of resistance may be intrapersonal. Yapko (1984) suggested that a more useful and practical perspective might be to acknowledge that most resistances emerge interpersonally and that greater flexibility in communication would be helpful in reducing it.

Multicultural. An unrecognized source of resistance that is slowly garnering attention in the literature pertains to the unconscious cultural values and attitudes of both client and counsellor. According to Reid (1999), resistance may reflect intrapersonal conflict for clients in that their unconscious cultural values are at odds with their conscious cultural values, or resistance may stem from interpersonal conflict between the client and counsellor's unconscious cultural values. Reid (1999) stated that if we consider culture "as a set of filters (i.e., language, beliefs, goals, expectations of self and others) that simultaneously strain experience and infuse it with meaning" (p. 59), then both client and counsellor unknowingly bring their own set of filters to each meeting, which creates the potential for resistance if the counsellor fails to take cultural variations into account. In fact, it is Reid's (1999) contention that much of what the counsellor experiences as resistance in counselling is better accounted for by cultural variations.

Compounding the cultural variations of race and ethnicity are more subtle or "hidden" cultures that operate at an unconscious level (Reid, 1999) and that place each member of the dyad at greater risk for misconstruing cultural difference as resistance (Sue, 1998). Hidden cultural values are learned early in childhood and tend to "exert a powerful influence despite later education, training, and consciously embraced values" (Reid, 1999, p. 74). Some of the hidden cultures that influence resistant behaviour include class; age; traditional female role; place of rearing; and therapeutic orientation (Reid, 1999). For example, the counsellor's particular therapeutic approach tends to dictate specific foci (i.e., values) that may conflict with the client's worldview, such as time (past, present, future), activity (affect, cognition, behaviour), relational (hierarchical, collaborative, individual), mind-body interaction (biology, balance, social), and human nature (good, neutral, bad) (Reid, 1999). Interestingly, these hidden cultures seem to be more significant when the client and counsellor share the same race and ethnicity (Reid, 1999), perhaps because the awareness of differences is nonexistent. This observation is in sharp contrast to the research finding that successful counselling outcomes are associated with shared client and counsellor values and attitudes (Reid, 1999). According to Reid (1999), what is important is not so much that the client and counsellor share the same values but that the counsellor is aware of his or her own cultural values and how they may impact perceptions of the client. Without such awareness and sensitivity, counsellors may inadvertently stimulate resistance in the therapeutic encounter that could negatively impact the counselling process as a whole (Sue, 1998).

With regard to the intrapersonal conflict that clients experience when their unconscious cultural values are at odds with their conscious cultural values, Reid (1999) suggested that the counsellor facilitate a conscious awareness of these hidden values for the client, thereby eliminating the felt anxiety, and explore how to assimilate these values with the client's chosen values. Interestingly, this strategy bears a striking resemblance to the psychoanalytic credo of making the unconscious conscious. However, in order to employ this strategy, the counsellor must first be able to recognize that individuals tend to hold unconscious cultural values that are discrepant from their consciously learned values (Reid, 1999). Such a process can be made difficult if counsellors fail to appreciate their own dissonant cultural values and its impact on their lives.

In summarizing the theoretical literature on resistance, it seems that recent trends of conceptualizing resistance in respectful, healthy, interpersonal ways has shifted the perception of resistance from Freud's intrapsychic, biological mechanism with historical determinants to a more dynamic, interactive, social force where both client and therapist influence each other. While the understanding of resistance may have shifted, the purpose of resistance remains largely self-protective. Moreover, a more positive, adaptive, and healthy perspective has replaced the pejorative perception of the resistance concept, for the most part. Thus, the traditional reductionistic view of resistance has evolved into an inter-relational approach that attempts to define the counselling process.

Research on Resistance

Quantitative Research. Although most counsellors would agree that the occurrence of resistance is common in counselling, it has received little empirical attention in relation to counselling process. The research on resistance has largely focused on designing and validating measurement scales for the assessment of resistance by frequency, intensity, dimension, and type, and on linking therapist interventions to observed resistant behaviours, however the results have been largely inconsistent (Mahalik, 2002). Furthermore, these studies have been influenced predominantly by the psychoanalytic (*trait*) and behavioral (*state*) schools and have been designed according to perceived client characteristics, client behaviour, therapist response mode, therapy and session stage, and process and outcome variables.

One of the initial studies to examine the concept of resistance was Speisman's (1957/1958, 1959) study of the relationship between depth of therapist interpretation (i.e., discrepancy between client and therapist point of view) and the client's verbal response of resistance. Six categories of resistance were investigated on a seven-point rating scale: Exploration, Superficiality, Self-Orientation, Self-Scrutiny, Opposition, and Blocking (Speisman, 1957/1958, 1959). Reliabilities of all scales, except Blocking, were adequate and the construct validity of the remaining five scales indicated that all were valid measures of resistance, except Self-Orientation (Speisman, 1957/1958, 1959). Not surprisingly, Speisman (1957/1958, 1959) found that deep interpretations led to the most resistance while moderate interpretations led to the least resistance. The most independent and discriminating category was Opposition, a category that would be seen repeatedly in future research. While the results of Speisman's study were not surprising, it was the first investigation of resistance to take a multidimensional perspective.

Chamberlain, Patterson, Reid, Kavanagh, and Forgatch (1984) developed the Client Resistance Code (CRC), a coding system composed of seven mutually exclusive categories of which five assessed resistant behaviour (interrupt/talkover, negative attitude, challenge/confront, own agenda, and not tracking) and two assessed cooperative behaviour (nonresistant and facilitative) on a molecular, or moment-to-moment level. Using the CRC, each client response to a therapist disclosure was coded as either cooperative (i.e., followed the therapist's direction) or resistant (i.e., diverted or impeded the therapist's direction), and resistance was measured at the beginning, middle, and end of the session. For the study, resistance was defined as "those client statements that block or impede the therapist's efforts towards change" (p. 146). Findings showed that resistance tends to be lowest at the beginning, highest in the middle, and lowest at the end of a session. In a similar finding by Tracey and Ray (1984), the middle of the session showed the highest amount of resistance, which is when client change is presumed to occur. Clients with high levels of resistance in the initial stages of a session tend to drop out of therapy early.

The finding that client resistance follows a curvilinear growth process through therapy (i.e., low-high-low pattern) was replicated by Stoolmiller, Duncan, Bank, and Patterson (1993), and Patton, Kivlighan, and Multon (1997). Testing the "struggle hypothesis" (Patterson & Chamberlain, 1994), these studies predicted and found that positive outcome was achieved when individuals showed increased resistance over the course of therapy, struggled with therapy in the middle sessions as more painful material was unearthed and explored, and resolved or worked through the resistance with their therapists to allow an opportunity to assimilate and implement their discoveries about self into their daily life. According to Stoolmiller et al. (1993), high levels of resistance may be detrimental to positive outcome, however "only secondarily to the failure of working through the resistance" (p. 921). This statement suggests that resistance is not necessarily a negative occurrence in and of itself, but the particular interactive pattern that resistance takes over the course of therapy and how it is dealt with by the counsellor are more predictive of outcome. As Patton et al. (1997) noted, "Resistance is both an obstacle and an opportunity in psychoanalytic counseling. If it is not recognized and highlighted by the counselor and then understood and worked on by the client, less therapeutic change is likely to occur" (p. 205).

The CRC has been employed in various other studies (e.g., Allgood, Bischoff, Smith, & Salts, 1992; Bischoff & Tracey, 1995; Patterson & Forgatch, 1985) as a way of identifying predictors of client resistance in counselling sessions. An earlier version of the CRC was used by Patterson and Forgatch (1985) to examine the immediate impact of therapist behaviour on client noncompliance by testing if therapist behaviours of "teach" and "confront" were causally related to noncompliance. Therapist behaviours of "teach" and "confront" were associated with increased resistance, while "facilitate" and "support" behaviours were associated with decreased resistance. In a similar study, Allgood et al. (1992) examined client responses to therapist interventions used in the structural and strategic therapies that have traditionally been associated with decreased client resistance by using the client's oppositional behaviour to bring about change (i.e., utilization approach). Techniques of "defusing-conflict" and "paradoxical" interventions were associated with the highest resistance ratios while "joining" and "in-session tasks" were associated with the lowest resistance ratios, which is reasonable if we consider that paradox uses the client's reactivity to generate change. Finally, in Bischoff and Tracey (1995), the relationship of client resistant behaviour to therapist directive behaviour was examined using the CRC. Findings indicated that therapist directive behaviours increased the probability of client resistant behaviour. These findings are in keeping with a research review by Beutler et al. (2002) and an analogue study by Bisese (1990) in which a collaborative communication style was associated with less resistant responses than a directive style, as well as a study by Reynes, Martindale, and Dahl (1984) in which resistant sessions were associated with increased sentence- and word-usage by therapists. Thus, the results of Allgood et al. (1992), Bischoff and Tracey (1995), Bisese (1990), Patterson and Forgatch (1985), and Reynes et al. (1984) support the contention that resistance is a natural response to therapist directive behaviour, that resistance may be an interactional phenomenon, and that therapist behaviour may be used to manage the occurrence of resistance in counselling.

Hill, Corbett, Kanitz, Rios, Lightsey, and Gomez (1992) designed a pantheoretical client behaviour system with eight mutually exclusive categories in an attempt to further understand the interaction between clients and counsellors. The category of resistance, which included such client behaviours as complaining and blaming others, inappropriate requests, defenses, and sidetracking, received a particularly low interjudge reliability. Hill et al. (1992) interpreted this finding to suggest that the nonverbal and paralinguistic cues between client and counsellor are central to distinguishing resistance from other client behaviours. Thus, resistance seemed to be a qualitatively, rather than a structurally, distinct phenomenon.

In an effort to measure the intensity, frequency, and type of resistance in dynamic therapy, Schuller, Crits-Christoph, and Connolly (1991) developed the Resistance Scale (RS), a 19-item rating scale composed of four dimensions (i.e., Abrupt/Shifting, Flat/Halting, Oppositional, and Vague/Doubting). Results indicated that resistance is a multidimensional construct that clients manifest in different ways, depending on their individual personality characteristics. The four subtypes of resistance were relatively independent, including the Oppositional type that was also reflected in Speisman's (1957/1958, 1959) study. Further examination, however, revealed that overt behavioural resistance was reliably predicted while resistance that was clinically inferred was rated least reliably. Thus, overall interjudge reliability was shown to be relatively low. Moreover, a relationship between interpretation and client resistance was not found.

Similarly, Mahalik's (1994) Client Resistance Scale (CRS), a 7-point Likert-style rating scale of client statements along five dimensions associated with client resistance (i.e., opposing expression of painful affect, opposing recollection of material, opposing therapist, opposing change, and opposing insight), also defined resistance as a multidimensional construct. The CRS subscales are based on Greenson's (1967) psychoanalytic model of resistance; a model that comprehensively describes the purpose of resistance, how it manifests itself in therapy, and what strategies to use in working with resistance. Results of Mahalik's (1994) study showed that all types of resistance were lower following nondirective therapist behaviours (e.g., open questions, minimal encouragers), while most directive therapist behaviours (e.g., closed questions) were associated with more resistance. Interestingly, however, therapist interpretations were associated with less resistance in the opposing insight dimension. The CRS was shown to be reliable in measuring both episodic resistance (covert) and tactical resistance (overt). Moreover, the findings support the contention made by others (e.g., Chamberlain et al., 1984; Patterson & Forgatch, 1985; Schuller et al., 1991) that resistance is a multidimensional construct. According to Mahalik (1994), however, other observational measures have two major limitations that the CRS does not: (a) resistance is perceived as a discrete variable, rather than a variable that is continually present at differing degrees; and (b) they do not follow from an established theoretical framework on resistance, such as Greenson's (1967) model.

Resistance was further examined in relation to the therapeutic technique of interpretation by Claiborn, Ward, and Strong (1981). Taking an interpersonal influence perspective, they hypothesized that interpretations discrepant from a client's prior beliefs about the problem would lead to more resistance and positive change than congruent interpretations. Claiborn et al. (1981), however, found the opposite result of congruent interpretations generating greater resistance and positive change than discrepant interpretations. Claiborn et al. (1981) concluded that perhaps "resistance, like dissonance arousal, might be expected to accompany rather than inhibit change" (p. 108). Jones and Gelso (1988), on the other hand, examined the impact of tentative and absolute styles of interpretations on resistant and non-resistant types of clients and found no differences. According to Mahalik (2002), studies examining interpretation and resistance have produced rather inconsistent findings when the relationship is examined in isolation.

As a follow-up to the RS and CRS, and as an improvement in the methodology of studying the impact of interpretation on resistance, Kivlighan, Multon, and Patton (1996) developed the Missouri Addressing Resistance Scale (MARS). This 11-item rating scale captures Greenson's (1967) five technical steps in treating resistance: (1) recognize the resistance; (2) let the resistance build over time; (3) intervene to increase the resistance; (4) clarify and interpret what is causing the resistance; and (5) work through the resistance by exploring and elaborating on the interpretation. Contrary to the CRC, RS, and CRS, the MARS did not use statement-by-statement ratings of therapist behaviour but, instead, used the entire session as the unit of analysis. The rationale being that neither the context of the therapeutic interaction nor the sequential nature of Greenson's model would be captured with statement ratings. Results showed that interpretation and highlighting resistance were quite similar events, and that interpretation alone is not sufficient in reducing resistance. Based on these findings, Kivlighan et al. (1996) recommend that Greenson's model be modified to highlight the importance of the "working through" process in addressing resistance, rather than simply relying on interpretations to reduce client resistance, a finding replicated by Patton et al. (1997).

Verhulst and van de Vijver (1990) designed a stimulus-response inventory to gauge how psychoanalytic and behavioral therapists construe the meaning of resistance. Results showed that both types of therapists conceptualize resistance in the same fashion, as an easily recognizable set of interrelated behaviours. Judgement about resistant behaviour was influenced by the client and the therapist, the situation that gave rise to the resistance, and the interaction between these factors. However, there were large individual differences in the meanings associated with resistance, and not all negative client behaviours were equally likely to be considered resistance. Also, the early stage, or information gathering stage, of therapy was shown to elicit the most resistance.

In a similar vein, Seligman and Gaaserud (1994) developed a survey to elicit counsellor reactions to and experiences with resistant clients, including conceptions of resistance, types of resistance encountered, ways of coping with resistance, counsellor responses to resistance, and profiles of highly resistant clients. The majority of respondents believed that: (1) resistance was an inevitable and normal part of counselling; (2) resistance is a way for clients to protect themselves from anxiety or guilt; (3) resistance manifests itself as a result of the interpersonal interaction between client and counsellor; (4) resistance is not an indication of minimal client progress; and (5) indirect forms of resistance are more likely to occur than direct forms of resistance.

The foregoing empirical research on resistance clearly shows that only a few studies (i.e., Chamberlain et al., 1984; Hill et al., 1992; Kivlighan et al., 1996; Mahalik, 1994; Patterson & Forgatch, 1985; Patton et al., 1997; Stoolmiller et al., 1993) have investigated resistance as a process variable, thereby allowing the relationship between resistance and process to remain unclear. Various counselling variables, such as therapist behaviour (Allgood et al., 1992; Bischoff & Tracey, 1995; Hill et al., 1992; Mahalik, 1994; Patterson & Forgatch, 1985; Reynes et al., 1984), client characteristics (Beutler, 1979), outcome (Patton et al., 1997; Tracey & Ray, 1984), and stage of therapy (Chamberlain et al., 1984; Patton et al., 1997; Stoolmiller et al., 1993; Tracey & Ray, 1984), have been linked to the manifestation of client resistance, however resistance has rarely been examined as an interactive process of counselling.

Some research findings (e.g., Hill et al., 1992; Patterson & Chamberlain, 1994; Patton et al., 1997) have suggested that resistance is an inevitable and perhaps instrumental component of the counselling process. Tracey and Ray (1984) found that successful counselling relationships showed increased occurrences of resistance during the middle stage of therapy, but unsuccessful relationships showed no increase.

Moreover, Hill et al. (1992) found that those therapist behaviours that elicited strong resistant reactions were rated as the most helpful by clients, which supports the notion that perhaps resistance is not necessarily a negative therapeutic occurrence. While some research evidence (e.g., Beutler et al., 2002) indicates that resistance is a negative component of counselling, these aforementioned findings imply that resistance may exist on a continuum, whereby resistance at certain points in counselling may be a positive indicator of therapeutic progress.

In regards to methodology, there is controversy in the literature with respect to the level of analysis for studying resistance. According to Kivlighan et al. (1996), studies that use molecular (i.e., statement-by-statement) ratings of behaviour seem to lose the context of the therapeutic interaction. On the other hand, global measures may be less reliable, may be more susceptible to observer bias than discrete types of data, and may view resistance as a unidimensional construct (Chamberlain et al., 1984; Mahalik, 1994). It has also been suggested that with global ratings, behaviours that vacillate over the course of a session are hidden (Chamberlain et al., 1984). Apparently, more research is needed in the area of therapy process methodology in order to allay this controversy.

While empirical research on resistance has been sparse, investigations applying reactance theory have been numerous. The self-report measurement scales that have been developed include the Therapeutic Reactance Scale (TRS; Dowd et al., 1991), the Questionnaire for the Measurement of Psychological Reactance (QMPR; Merz, 1983), and the Hong Psychological Reactance Scale (HPRS; Hong & Page, 1989). Based on the theory of psychological reactance by Brehm (1966), the TRS was shown to be a valid and reliable measure of client reactance potential. Results indicated that reactance potential is partly an individual difference variable that is stable over time and place. Therefore, in using the TRS, counsellors would be able to choose those techniques appropriate for the client's level of reactance. The QMPR, originally developed in Germany and later translated into English by Dowd and colleagues, initially showed strong reliabilities (Dowd & Wallbrown, 1993) and was often administered in conjunction with the TRS. However, subsequent use of the scale found it to be psychometrically unstable, so Hong and Page (1989) developed a new scale (HPRS) based on the QMPR. Despite evidence of factorial stability by the HPRS (Thomas et al., 2001), the TRS has predominantly been used to measure the relationship between reactance and a number of different variables, including personality and motivational characteristics (Dowd & Wallbrown, 1993; Dowd et al., 1994), developmental aspects of functioning (Seibel & Dowd, 2001), differentiation of self (Johnson & Buboltz, 2000), compliance behaviours (Seibel & Dowd, 1999), psychopathology (Seibel & Dowd, 2001), working alliance (Courchaine et al., 1995), and interpretation style (Dowd, Trutt, & Watkins, 1992). Overall, these results support the counselling research evidence that client variables account for a major portion of the variance in client outcome (Bergin & Lambert, 1978; Beutler & Crago, 1992; Garfield, 1994; Lambert, 1992; Orlinsky et al., 1994).

In summarizing the quantitative literature on resistance, it seems that the studies, for the most part, either have focused on developing a reliable measurement scale with independent categories of resistance, or have focused on linking therapist technique to resistance manifestation. It is clear, however, that one unified and coherent measure of resistance has not yet been developed. The research findings also indicate that there is still disagreement about the interactive nature and meaning of resistance, as well as the methodology used to identify resistance. Some of the findings have indicated that resistance is strictly influenced by the therapist, whereas others have found it to be influenced by the client-therapist interaction. Moreover, there seems to be some inconsistency in identifying those client behaviours that are forms of resistance and those techniques that are effective in dealing with resistance.

Qualitative Research. While there are minimal quantitative studies that have attempted to measure the concept of client resistance, investigations that explore the experience and meaning of resistance via the qualitative paradigm are still in the infancy stage of research. To date, the only peer-reviewed qualitative inquiry of resistance that is similar to the present study is Rennie's (1992, 1994a) examination of clients' moment-to-moment experiences of counselling using a grounded theory approach. This study is seminal in that it richly explores the client's, rather than the counsellor's, subjective experiences of a complete session of counselling. The main difference between Rennie's (1992, 1994a) study and the present study is that the latter has specifically focused on the phenomenon of resistance and it has considered resistance from a process perspective.

In Rennie's (1994a) study, 14 university-age participants were interviewed concerning their general experiences of a single session of active counselling with experienced psychologists from various theoretical orientations. A total of 16 interviews (2 participants reported on two sessions), ranging from 2 to 4 hours in duration, were gathered immediately after a counselling session using the interview technique of Interpersonal Process Recall (IPR; Elliott, 1986). IPR interviews consist of reviewing videotaped events of a session and exploring the participants' moment-to-moment experiences associated with those particular in-session events. IPR makes it possible for participants to recall the context surrounding their experiences and to recapture fleeting impressions and reactions that might otherwise be forgotten or merged into their global perceptions. Thus, IPR functions as a way to more fully explore the individual's subjective experiences while limiting the degree of reconstruction in their recall.

The particular grounded theory approach used in Rennie's (1994a) study was adapted from the originators of the grounded theory method (i.e., Glaser & Strauss, 1967). Rennie et al. (1988) developed their analytic approach in response to a perceived crisis of method in the field of psychology and, specifically, with psychotherapy process research. Rennie and Brewer (1987) have explicated the approach as follows:

> Briefly, it is a research approach that emphasizes the theory-generative phase as opposed to the theory-verificational phase of induction. In the approach, a phenomenon of interest is identified. All elements (e.g., single lines, sentences, or complete thoughts in texts) of an initial set of data (e.g., archival information, interviewees' accounts) are compared and conceptualized in terms of commonalities. In the early stages of the analysis, these commonalities are lexically symbolized as descriptive categories that are closely tied to the language of the data. Each datum is placed in as many categories as possible to preserve the conceptual richness of the phenomenon. Throughout the analysis, the analyst's hunches and theoretical ideas are recorded as memoranda that are kept separate from the documents on which the categories are recorded. This recording of guiding assumptions is intended to reduce drift away from the grounding of the categories in the data.

> As the conceptual structure develops, new data sources are selected that promise to illuminate the nature of the structure. Eventually new data add little to the development of new descriptive categories, at which point the latter are considered "saturated." The analyst increasingly draws upon the theoretical memoranda and begins to conceptualize more abstract categories that subsume the descriptive categories, yet are grounded in them. If possible, a "core" category is conceptualized that subsumes all other descriptive and conceptual categories. At this point, the conceptual structure is usually hierarchical, with lower-order conceptual categories serving as properties of the core category, and descriptive categories serving as properties of the lower-order conceptual categories. The grounded theory is an elaboration of this conceptual structure of categories, including the relationships among them, and the relationships among the categories and the data. (pp. 11-12)

Analysis of the data resulted in 51 categories that represented the client's experience of a single session of counselling. One of these categories was entitled "resistance by client" and it was endorsed by 10 of the 14 participants and in 11 of the 16 interviews. The category was divided into three subtypes: resistance to a particular intervention within the context of a good working alliance; resistance to the in-session strategy within the context of a good working alliance; and resistance to aspects of the general counselling framework within the context of a conflicted working alliance. Further analysis of the participants' descriptions led Rennie (1994a) to conceptualize resistance in terms of five aspects: session expectations; management of concerns arising from session expectations; power struggles over the best plan for counselling; deference to the counsellor's authority; and clients' judgements about whether or not they would act on session demands. Similar to his previous research findings on clients' experiences of therapy (e.g., Rennie, 1990, 1992, 1994b, 1994c), Rennie's (1994a) grounded analysis of the data revealed the core category of *clients' reflexivity*, meaning that clients were consciously aware of themselves and their needs while, at the same time, interacting with the counsellor. Rennie (1992) argued that reflexivity is the "fount of intentionality" (p. 237), while being nonreflexive implies action without awareness and closely parallels the psychoanalytic concept of the unconscious.

Another important finding of Rennie's (1994a) study is that clients tend to defer to the counsellor's authority and are ambivalent about the counsellor's therapeutic approach. Deference, related to Brown and Levinson's (1987) model of politeness in discourse, is a form of negative politeness. In this model, when individuals are considering a face-threatening act (e.g., criticizing another), their decision will be based on the threat posed by the act (Rennie, 1994b). A moderate to high threat leads to negative politeness which is "the decision not to invade the hearer's claims of territory and self-determination" (Rennie, 1994b, p. 428), despite it being at the speaker's expense. Due to the inherent power differential that exists between client and counsellor, clients tend not to disclose directly their views about the treatment strategy or process for fear of challenging the counsellor's authority, or that their views might be mistaken. Despite research evidence indicating that counsellor awareness of negative client reactions does little to help bring about positive outcome (Rennie, 1994b), Rennie (1994a) suggested that counsellors need to encourage client expressiveness and then be sensitive and open to the client's thoughts about the most fitting therapeutic approach. On the other hand, as indicated by Regan and Hill (1992), perhaps there is benefit for clients in concealing certain things from their counsellors in that "it allows clients to feel more in control in an essentially one-down relationship" (p. 173).

Deference, as a covert client process, obviously has implications for the client-counsellor relationship but also for client resistance. The act of deferring to the counsellor allows clients to safeguard and preserve the working alliance (Rennie, 1994b), despite the possible cost to client self-determination. However, similarities can be drawn between client deference and client resistance in that both can prevent clients from becoming fully engaged in the counselling experience. Taken one step further, prolonged deference has the potential to eventually disrupt the client's ability to focus productively on the goals of therapy (Rennie, 1994b). As well, client deference may be viewed as stemming from a defensive desire to protect a vulnerable self in what is a brief but potentially powerful relationship (Regan & Hill, 1992). Consequently, client deference can be regarded as that which may lead to resistance, or as an indirect form of resistance. Given that such covert client processes as deference tend to make the task of bridging process with outcome difficult, Watson and Rennie (1994) suggested that counsellors may need "to explain to clients how and why certain interventions may be helpful to promote greater convergence between therapists' interventions and intentions and clients' reactions" (p. 506).

A further outgrowth of Rennie's (1994c) examination of clients' subjective experiences of counselling that parallels the concept of resistance was the observation that clients tend to engage in "storytelling" as a way of dealing with inner disturbances (e.g., problematic issues or feelings). Using a grounded theory approach to data analysis (Rennie et al., 1988), Rennie (1994c) contended that storytelling might be used dichotomously as either the client's method of facilitating entrance or avoiding entrance into making contact with the inner disturbance. In the former condition, storytelling provided clients with emotional catharsis, with an avenue to eventual contact with the disturbance, and with the structure to privately process selected aspects of their inner experience before deciding what to voice (Rennie, 1994c). In the latter condition of distancing oneself from the disturbance, storytelling served to delay entrance into the disturbance due to feelings of ambivalence, and to avoid entrance into the disturbance all together because the prospect of doing so was too threatening (Rennie, 1994c). According to Rennie (1994c), clients "could use the structure of narrative to protect themselves from having to acknowledge explicitly their inner feelings" (p. 241). In doing so, clients could still work toward achieving self-understanding but at their own pace and without having to explicitly weave such understanding into their storytelling (Rennie, 1994c). As Rennie (1994c) remarked, clients "created a situation in which they could try feelings and realizations on for size in private" (p. 241). Thus, Rennie (1994c) concluded by cautioning counsellors that there is likely much more underlying a client's story than what can be readily observed.

Kimble (1989/1990) conducted an empirical-phenomenological investigation of the client's experience of resistance in long-term psychotherapy. Initially, concerns that resistance was strictly an unconscious process led Kimble to conduct a pilot study, whereby four acquaintances with experiences as psychotherapy clients were interviewed. Resistance was revealed to be a phenomenon accessible to the individual's awareness, in that participants were able to identify and articulate their internal experiences of resistance. The pilot study also helped define resistance as "the difficulty the patient encounters in talking about or expressing something which would be beneficial for him or her to reveal" (Kimble, 1989/1990, p. 97). In the main study, five female clients who were clinical psychology graduate students were each interviewed once regarding their intrapsychic experiences of resistance over long-term therapy (i.e., minimum 12 months). Overt disagreements between client and therapist, and client ambivalence about choosing discussion topics were excluded as examples of resistance. A general structure of the experience of resisting was abstracted from these five situated structures. The results showed that resistance is a dynamic, interactive process that develops over time; that resistance holds considerable meaning for clients; that resistance is an internal conflict about self, other, and situation; that resistance is grounded in personal history (e.g., fears); that resistance is an ambivalent wish for rescue; that unsuccessful avoidant behaviours influence feelings of isolation and hopelessness; and that insight alone is insufficient in resolving resistance experiences (Kimble, 1989/1990).

Recently, Ferrara (2002) examined a specific form of resistance in which clients blocked emotions and withheld personally sensitive information from their counsellors. Taking an interactional perspective on resistance, Ferrara (2002) analyzed 26-hours of tape-recorded individual counselling sessions between five clients and four counsellors, through discourse analysis and with ethnographic observations (e.g., one-way mirrors), looking for repeated verbal expressions of resistance by clients to therapeutic suggestions. The goal of the study was to identify how clients manifest resistance linguistically so that practitioners can reduce resistant behaviour and increase emotional expression. Surprisingly, Ferrara (2002) found that when counsellors' posed their suggestions to clients in an indirect manner, clients skillfully resisted these requests, "putting off" each one recursively, while the opposite was found with direct counsellor requests. This finding is in sharp contrast to the studies reviewed by Rimé, Corsini, and Herbette (2002), which showed that individuals would be willing to share their emotions with another on condition that they were not directly asked to reveal their emotional secrets. Ferrara (2002) concluded that the face of resistance is co-constructed, so counsellors would benefit from examining how their own habits of indirection and mitigating therapeutic requests fosters communicative non-effectiveness with clients.

Resistance can be observed rather indirectly through an integrative model of change known as the Assimilation Model (Stiles, Elliott, Llewelyn, Firth-Cozens, Margison, Shapiro, et al., 1990). According to this model, problematic experiences (i.e., threatening or painful thoughts, feelings, memories) that are assimilated into the client's self-schemata through verbal expression tend to follow a systematic and gradual process, regardless of theoretical orientation. From lacking awareness to acknowledgement, clarification, understanding, resolution, and then generalization, these stages were born out of research that examined clients' perceptions of helpful and nonhelpful events in therapy (Elliott, 1985) and fall on a continuum from 0 (*warded off*) to 7 (*mastery*). In a recent reformulation by Honos-Webb and Stiles (1998), assimilation was reconceptualized in terms of an internal dialogue between the dominant voice and the voice of the unwanted experience to bring about an integrated community of voices that can coexist within the individual's personality (Stiles, Honos-Webb, & Lani, 1999). Related to the concept of resistance, levels 0 (*warded off*) and 1 (*unwanted thoughts*) most closely resemble this phenomenon. At the warded off level, the client lacks awareness of the problem and avoids emotionally disturbing topics. At the unwanted thoughts level, the client experiences discomfort in being confronted with the painful issue and works to avoid it. It seems that level 1 speaks to a fear of losing control, in that assimilation requires that the dominant voice relinquish some control in order to receive and dialogue with the unwanted voice. Clients who fall at this level tend to fear that expressing negative emotions will be further harmful and risk retraumatization, so they avoid such expression through resistant behaviours. Honos-Webb, Endres, Shaikh, Harrick, Lani, Knobloch-Fedders, et al. (2002) explored the association between verbalizing negative emotions and therapeutic process and outcome. Through qualitative analysis, they found that expressing negative affect without integration to core schemas through insight is not only insufficient to bring about change but can be "disruptive and damaging" (Honos-Webb et al., 2002, p. 248).

A study by Rhodes, Hill, Thompson, and Elliott (1994) investigated client retrospective accounts of resolved and unresolved misunderstandings in therapy, as defined by clients. A total of 19 novice and experienced counsellors, who had in the past been clients in therapy, completed open-ended questionnaires on their recall of major misunderstanding events. A combined grounded theory and comprehensive process analysis approach was taken in analyzing the data, which included group consensus coding. The findings showed that in order for a misunderstanding event to be resolved in therapy, clients needed to perceive the relationship as safe and strong, they needed to assert their negative feelings and reactions about the misunderstanding, they needed to continue discussing the misunderstanding over the course of therapy in order to assimilate what they had learned, and therapists needed to be open, flexible, and receptive toward the negative client reaction. However, implementing these findings in practice appears somewhat unlikely if we consider the findings of studies by Regan and Hill (1992) and Thompson and Hill (1991): (a) clients tend to conceal more negative than positive thoughts and feelings about their counselling experiences from their counsellors; (b) counsellors are less accurate in identifying negative covert client reactions; and (c) clients find sessions in which counsellors are able to identify their negative thoughts and feelings as less helpful, possibly due to counsellor anxiety or to the social awkwardness that results when individuals in interaction acknowledge a negative reaction of the other.

Rhodes et al. (1994) also found that when a major misunderstanding was resolved, it typically fostered client growth and an enhanced therapeutic relationship. Conversely, in a related study by Johnson, Taylor, D'Elia, Tzanetos, Rhodes, and Geller (1995), unresolved major misunderstandings negatively impacted the therapeutic relationship to a significant degree (e.g., premature termination). If we consider misunderstanding events as a precursor to resistance, much like deference, then resolving resistance should also enhance the working alliance and unresolved resistances should deteriorate the working alliance.

A follow-up to Rhodes et al. (1994) was the Hill, Nutt-Williams, Heaton, Thompson, and Rhodes' (1996) study on therapist retrospective accounts of impasses in therapy. In this study, 12 experienced therapists completed open-ended questionnaires of which 8 consented to be telephone interviewed. The approach to data analysis involved a combination of grounded theory and comprehensive process analysis through group consensus coding. The resulting descriptions of the impasses were characterized by therapists as an ongoing general disagreement about the way in which therapy was conducted, rather than as involving a single obvious event. Moreover, variables that therapists associated with the occurrence of impasses, and which are supported by the clinical literature, included the severity of client pathology, disagreement over tasks and goals, therapist mistakes, transference, therapist issues, situational issues, client interpersonal issues, and the therapeutic relationship. The findings from Rhodes et al. (1994) and Hill et al. (1996) further indicate how little counsellors are aware of client covert processes and how much clients conceal from their counsellors.

In summarizing the qualitative literature on resistance, the findings seem to indicate that the interaction between client and counsellor in therapy significantly affects whether resistance occurs or not, which subsequently affects the therapeutic alliance. Furthermore, these studies support the contention that valuable information can be gathered from the client perspective. While qualitative research has only scratched the surface in this area, these findings indicate that there may be more occurring during the process of resistance than has been previously explored.

Summary and Conclusions

An exhaustive review of the various theoretical and empirical perspectives on resistance was presented within a historical framework. The purpose of this section of the chapter is to condense the vast array of perspectives into conclusions that will be informative to the reader. The guiding questions from which these conclusions are drawn may be articulated as follows: "What has been understood about resistance?" and "What do we now understand resistance to be?"

What has been understood about resistance? In overviewing the extensive literature on resistance, Marshall (1982) aptly stated, "several major currents flow through the various theoretical seas" (p. 38). One particular current that has forever impacted the understanding of resistance flows from the birthplace of this concept, the psychoanalytic theory of Sigmund Freud. I say forever impacted because, as the reader may have observed, all theorists, researchers, and practitioners consider the original definition of resistance in articulating their own conceptualization. This is obviously intended to distinguish their perspectives of resistance from Freud's initial view. Yet, this process comes to no avail if the authors of the myriad of perspectives on resistance continue to identify their respective conceptualizations by the original psychoanalytic term. In doing so, great confusion ensues as to what exactly is being referred to when the word resistance is used. Conversely, more confusion is generated when opponents of the resistance concept describe an experience that bears a strong similarity to how resistance has come to be defined yet denounce the term due to its strong links to the perceived pejorative conception of resistance by psychoanalysis. All this to say that the phenomenon of resistance will likely never be clarified until we cease to use the term resistance to refer to an experience other than what Freud had intended. In fact, Wachtel (1999) states as much in a recent article where he posed the question, "Is 'resistance' the right term?" Wachtel's (1999) argument is that the perception of resistance as a demeaning, adversarial, client-blaming concept is accurate and with foundation because "such a thread was woven into the fabric of the concept at the very origins of psychoanalytic therapy" (p. 114). So this thread continues to emerge today, implicitly attached to the concept of resistance, even if the individual using the concept does not subscribe to its original definition. An example or two may help to elucidate this point.

If psychoanalysis was the first formal psychotherapy in existence, it would make little sense for cognitivists or humanists to arrive on the scene and describe a new way of working with clients yet refer to the approach as a reconceptualization of psychoanalysis. This, unfortunately, is what has become of the resistance concept. Theorists such as Steve de Shazer (1984) may be quite correct in describing traditionally resistant behaviours as "cooperating" because his understanding of the concept of resistance does not fit with the experience he is now describing as cooperating. Consider a further example. The term relationship is often employed in the counselling literature and by practitioners to refer to the interpersonal dyad of client and counsellor. Relationship is a rather generic term that aligns itself with no particular theory of psychotherapy, unlike the parallel term of alliance that is closely aligned with psychoanalysis. If the alliance concept were used to refer to a humanistic type of counselling relationship, it would likely be met with some confusion because the two orientations define the relationship quite differently. Related to the resistance issue, the profession needs to consider either a parallel pantheoretical term that can be used by various theorists without confusing the reader or a unique term belonging specifically to each perspective. A generic term would force each theorist, researcher, and practitioner to provide his or her own particular definition for the term, thereby clarifying how the term is being employed. A specific term (e.g., reactance) would achieve the same outcome of a generic term and be more efficient, however the literature would also be inundated with terminology speaking to a similar phenomenon.

While some therapists (e.g., de Shazer) might wish that the concept of resistance be eliminated from our particular theory and practice framework, it does not appear to be going very far any time soon, as evidenced by the recent special issue on resistance in the *Journal of Clinical Psychology*. As Arkowitz (2002a) noted in the introduction to this special issue, the literature on resistance may, on first impression, appear to describe a fragmented understanding of this phenomenon with little consensus about such basic issues as what causes it, how to conceptualize it, how to work with it, as well as what exactly is being resisted. However, a closer examination of the literature reveals that there are more commonalities than differences in how resistance has been conceptualized. For example, the notion of resistance as a healthy, adaptive behaviour that serves a self-protective function against anxiety and loss of identity has been touched upon by all the major theoretical schools of psychotherapy, some more than others. This observation may not be readily apparent because each therapeutic approach couches its description of resistance in terminology that closely fits its respective orientation. Yet, an understanding of resistance as self-protection has been one that no theory of therapy has discounted outright. Therapeutic change invariably involves changes to the self-system that, given our predilection for conservatism, may be naturally experienced as threatening to a client's sense of identity and safety (Dowd, 1999).

Other commonalities abstracted from the literature include the perception of resistance as a multidimensional construct that is pervasive in client communication (Beutler et al., 2002). Viewing resistance dichotomously as either present or not present is an oversimplification that does not adequately take into consideration the complexity of the phenomenon. As well, resistance has consistently been interpreted as a form of communication between counsellor and client, although identifying specifically what is being communicated has been less obvious. Finally, viewing resistance in terms of a homeostatic balance, broadly defined as "the ability to respond to changes and encounters in the environment and to flexibly maintain self-integrity" (Bernstein & Landaiche, 1992, p. 9), has been a common and popular perspective amongst the various theoretical approaches because it is closely associated with how the field of psychology typically defines psychological health. Balance implies movement on a continuum with extreme positions that reflect an unhealthy state (Bernstein & Landaiche, 1992). Optimal health, however, is not necessarily conceived as taking a fixed and unyielding central position on the continuum (Bernstein & Landaiche, 1992). Balance requires constant readjustment, thus the experience of resistance signals the members of the counselling dyad to do so.

What has remained equivocal in the literature, however, is the issue of resistance being a client-generated (i.e., intrapsychic), therapist-generated (e.g., intervention errors), or interpersonally-generated (i.e., client-counsellor relationship) phenomenon. Included in this resistance debate are such variations as state vs. trait, active vs. passive, overt vs. covert, core vs. peripheral, and situational vs. character. The various theoretical distinctions of resistance have become blurred by the lack of consensus as to its source, which has direct implications for how one chooses to work with resistance. It has been suggested (Yapko, 1984) that perhaps it may be more practical simply to acknowledge that resistance emanates from all three of these sources, depending on the particular context. With regard to the differences in how to manage and work with resistance, it may not be useful to overview the multitude of different ways propagated by the various schools of psychotherapy because, like the more than 400 different therapies that currently exist, intervention and treatment strategies are particular to each approach, despite the goal of resistance resolution being relatively the same.

What do we now understand resistance to be? Much like with any current theory of change, the literature appears to be directing the profession toward an integrative framework with respect to the various perspectives on resistance. Arkowitz (2002b) advocates for integration in perceiving resistance as determined by intrapersonal and interpersonal factors, as occurring with or without conscious awareness, and as internal conflict (i.e., ambivalence) between desiring change and desiring stability. Arkowitz (2002b) proposed that a taxonomy of resistance would be an important first step toward theory integration and the development of a general strategy for working with resistance. Arkowitz may have found Otani's (1989a) taxonomic classification of behavioural manifestations of resistance to be helpful in this regard. Otani (1989a) reviewed the theoretical models of anxiety control, noncompliance, and negative social influence to arrive at twenty-two forms of resistance that may adequately represent the phenomenon. These various forms of resistance were then organized into four distinct categories that reflect the different aspects of resistance, including: (a) response quantity resistance (e.g., silence); (b) response content resistance (e.g., intellectual talk); (c) response style resistance (e.g., discounting); and (d) logistic management resistance (e.g., tardiness) (Otani, 1989a). Otani (1989a) concluded that future research could inform practice by identifying specific patterns and characteristics of resistance.

According to Arkowitz (2002b), one of the important sources of resistance, that may account for most of what is usually referred to as resistance, is the experience of ambivalence between desiring change and fearing change, as well as between directives to change ("shoulds") and reacting against change ("opposition"). The conflict between desiring and fearing change closely resembles Mahoney's (1991) self-protective theory of resistance, whereby the core organizing processes of our cognitive schemata (i.e., self-system) attempt to maintain homeostasis (i.e., integrity of the self-system) of that which is familiar and predictable through the manifestation of resistant behaviours. The conflict between directives to change and our tendency to oppose such directives is explained by Brehm's (1966) theory of psychological reactance, which is a motivational, tension-reducing state that is aroused when we perceive a threat to our personal freedoms. So, counsellors who communicate an expectation that clients "should" change may have their efforts opposed behaviourally, thereby restoring clients' sense of freedom and control.

Moyers and Rollnick (2002) also concur with Arkowitz (2002b) in viewing the exploration and resolution of ambivalence as necessary in fostering therapeutic change. Describing a motivational interviewing perspective of resistance as "the product of an interaction between the therapist and the client" (p. 187), Moyers and Rollnick (2002) recommend that practitioners "roll with" the resistance by employing reflective and strategic responses rather than confrontational responses. As an integrative theory of change, the motivational interviewing approach to resolving resistance appears to be quite similar to the strategic school of "going with" the resistance and utilizing paradoxical techniques to generate a discussion of change with the client. The following example illustrates the Arkowitz (2002b) and Moyers and Rollnick (2002) perspectives.

Let us consider a recently identified form of resistance known as reporting. Reporting, which appears to reflect a "response style" type of resistance (Otani, 1989a), is defined as "those times when the patient begins speaking of events in their life in a casual, almost social manner" (Hailparn & Hailparn, 1999, p. 155). From the preceding discussion of ambivalence, it is difficult to isolate what constitutes the ambivalence experienced by the client without contextual information. Therefore, it is suggested that the practitioner initiate an exploration with the client as to the possible reasons for the ambivalence, thereby communicating respect for and a need to understand the client's resistance. This process may be facilitated by the motivational interviewing approach of emphasizing an "amplified" (i.e., in-depth) reflection of both sides of the ambivalence through experiential interventions, with the over-arching goal being increased awareness and integration (Arkowitz, 2002b; Moyers & Rollnick, 2002).

Another integrative perspective on the structure of change that is related to the concept of resistance is the transtheoretical model of change proposed by Prochaska and DiClemente (1982, 1984). According to this model, change is an intentional occurrence whereby individuals naturally progress and recycle through five common stages of change – precontemplation, contemplation, preparation, action, and maintenance. The contemplative stage is most closely aligned with some of the more common notions of resistance. Clients in the contemplative stage acknowledge that a problem exists that needs to be addressed but are ambivalent about taking action (Prochaska & DiClemente, 1984). According to Prochaska, DiClemente, and Norcross (1992), contemplation is "knowing where you want to go but not quite ready yet" (p. 1103). On this note, Walborn (1996) cautions therapists, "until the soil is prepared, don't waste your time planting a garden" (p. 207). Each stage represents a period that indicates when a shift in attitude or behaviour has occurred. Movement from one stage to another is dependant upon the individual accomplishing certain tasks, or change processes, that indicate how the shift to the next stage occurred. For contemplators, movement to the preparation stage is most often impeded by ambivalence about altering their sense of self (Prochaska, DiClemente, & Norcross, 1992). Through the process of "self-reevaluation" (cognitive and emotional appraisal of problem and self), individuals come to realize the degree to which their values are in conflict with their behaviours, thereby reducing their ambivalence about constructing a new self-image (Prochaska, DiClemente, & Norcross, 1992).

A more postmodern perspective on resistance described by Cowan and Presbury (2000) construes the phenomenon within a relational model. Paralleling Dolan's (1985) declaration that "the therapist must have reverence and appreciation for each client's personal rate of change, idiosyncrasies, difficulties, vulnerabilities, and resources" (p. 3), the authors declared that each client possesses an innate protective wisdom that can never be fully articulated by the client. The relational model presupposes that resistance "emerges *between* client and therapist in the unfolding interaction between their differently organized subjective worlds" (Cowan & Presbury, 2000, p. 413). The intrapsychic component of resistance, however, is not discounted by the authors but viewed as embedded within the larger framework of the therapeutic relationship. Consequently, "the client's world can never be understood apart from the relational context in which it occurs, including the relational processes unfolding with the counsellor" (Cowan & Presbury, 2000, p. 413). Therapists are thus encouraged to employ reflexivity in their dialogues with clients as a way to assess their own contributions to client resistance. As the reader may have noticed, the relational model is quite similar to the contemporary analytic intersubjective perspectives of Gerson (1996), Bromberg (1995), and Baker (1999), as well as Worrell's (1997) existential-phenomenological perspective. Cowan and Presbury (2000) differ in that they draw on constructivism to explain how we internalize and encode interpersonal experiences and how, over time, the invariant features of these experiences merge to form a prototypic event that becomes our organizing frame of reference from which we interpret future events.

On the face of it, it may seem to the reader that there is little else that can be investigated with regard to the concept of resistance. On the contrary, an important approach to inquiry that has received little attention to date is tapping into the client's perspective of resistance from a qualitative framework. Rennie's (1992, 1994a) examination of clients' experiences of counselling identified resistance as a category endorsed by participants, but the study did not aim to investigate resistance in depth nor to identify the typical process undertaken in the experience of resistance. The present study has set out to specifically examine the phenomenon of resistance, according to how clients engaged in active counselling perceive resistance, and to detail the dynamic process of resistance in a way that will be informative to practitioners. Thus, with a review and critique of the literature now completed, a foundation is in place from which to view the current study.

Chapter III: Method

Based on the review of the literature, the purpose of this study is to investigate the client's perception and processing of resistance in counselling and to outline a process model of resistance using the grounded theory method that will be clinically useful. With this in mind, the following chapter will discuss the grounded theory approach and its underlying theoretical assumptions. The chapter also seeks to articulate my position as researcher in this study, the participant selection criteria and process, the interview procedures, the method of data analysis, and the steps taken to maintain trustworthiness.

Grounded theory was chosen as the method of analysis for several reasons. First, the general research question (i.e., how do clients experience resistance in counselling?) dictated an approach that attempts to explain more than just describe phenomena by making propositions about the relationships between emerging themes (Creswell, 1998). Second, grounded theory offers a means of exploring participant experiences that evolve over time, thereby taking process into account (Charmaz, 2000). Third, grounded theory tends to be systematic in its approach to data collection (i.e., coding procedures) and analysis (i.e., *constant comparative method*) (Charmaz, 2000), thus incorporating a degree of structure into the investigation. Fourth, grounded theory typically results in the development of substantive theory about a particular situation (Creswell, 1998; Merriam, 2002). According to Creswell (1998), "this situation is one in which individuals interact, take actions, or engage in a process in response to a phenomenon" (p. 56). Lastly, but perhaps more importantly, grounded theory is pragmatic in terms of generating hypotheses and concepts that are applicable and useful in practice (Charmaz, 2000; Merriam, 2002). So, by developing a model from the experiences of a particular group of clients, practitioners could be informed of the process that resistance might take for similar clients in similar counselling situations and, in general, could benefit from a clearer understanding of client processes.

Theoretical Perspective

Grounded theory, originated by Glaser and Strauss (1967), is rooted in the pragmatic social psychological perspective of symbolic interactionism, which assumes that human experience is mediated by meaning and interpretation that is constructed in interaction with others, thus resulting in a shared construction of meaning (Bogdan &

Biklen, 1982; Robrecht, 1995). Over the years, grounded theory has evolved from its objectivist, positivist underpinnings to a more interpretivist, constructivist approach that highlights context, process, and the social construction of meaning (Bryant, 2002; Charmaz, 2000). The main focus of this constructivist method is generation, rather than verification, of theory relative to human social processes that are derived through the constant interaction between the data and the researcher's developing conceptualizations (Pidgeon & Henwood, 1997). Theory thus becomes a constructed explanation or picture of a phenomenon, based on a particular data set in a particular context, that reflects both the viewer and the viewed (Charmaz, 2000; Polkinghorne, 1994). Furthermore, the explanatory model is never complete and predictive but suggestive and conditional, thereby always being open to further refinement (Charmaz, 2000).

The method used in this study is an adaptation of the grounded theory method as explicated by Charmaz (1983, 1995) and Rennie et al. (1988). The theoretical perspective underlying these authors' versions of the grounded theory method is best described as stemming from a contextualist-constructionist epistemology. Within this framework, data generation and analysis are inevitably influenced by the active engagement of the researcher's personal and cultural perspectives with the data. Contextual-constructionism contends that participant experiences are situation dependent and imbued with subjectivity (Bryant, 2002; Madill, Jordan, & Shirley, 2000; Pidgeon & Henwood, 1997). The latter point may be particularly relevant to the concept of resistance in that its manifestation can be hypothesized to be dependent upon numerous variables that are closely tied to the person that is the client. Therefore, the findings will vary according to the context in which the data was collected and analyzed.

The aim of analysis is not convergence but completeness of participant accounts, because diverse perspectives can provide a richer understanding of social psychological phenomena (Madill et al., 2000). The reader is able to assess the "grounded-ness" of the results and the extent to which it is internally coherent (i.e., non-contradictory) through the participants' actual descriptions of their experiences (Madill et al., 2000). According to Turner (1983):

> This approach to qualitative data promotes the development of theoretical accounts which conform closely to the situations being observed, so that the

> theory is likely to be intelligible to and usable by those in the situations observed, and is open to comment and correction by them. (p. 334)

My approach to grounded theory seeks to develop a process understanding of the clients' perceptions of resistance that will be applicable in counselling practice.

The Researcher

I have completed training in counselling psychology at the master's level and I am currently completing my doctoral degree in counselling psychology. I have amassed extensive clinical experience in hospital, community mental health, high school, university, and private practice settings. For the past ten years, I have immersed myself in the theoretical and empirical literature on the concept of resistance in counselling and psychotherapy. I have conducted research studies on resistance from the perspectives of client and counsellor, and quantitative and qualitative epistemologies. I have found resistance to be an intriguing phenomenon because it is frequently encountered yet runs opposite to the purpose of initiating counselling – to change. As a practitioner, I have experienced many moments during which the counselling process seemed to be "stuck" or not progressing. It is these moments in counselling that fascinate me the most and that have given rise to my interest in resistance.

Bracketing. The process of self-reflection is an integral component of the qualitative research process. According to Meek (2003), "the researcher's analytic methods serve as a set of lenses allowing some meanings to emerge while diminishing others" (para. 11). Meek (2003) further points out that the analytic process does not take place totally in awareness, and that it is not the data alone which hold the findings but the researcher's unconscious mental processing of the data. While all aspects of the analytic process may not be accessible through the researcher's reflective activities, it is important nonetheless to delineate those that are within awareness. In so doing, the personal relationship between researcher and research is made clear (Colaizzi, 1978).

Through the process of bracketing, I attempted to outline in detail my frame of reference, comprised of fore-understandings, presuppositions, and biases toward the phenomenon of resistance prior to conducting the research interviews and analyzing the data, as well as throughout the research process (see Appendix A). I believe bracketing helped me to become more open and receptive toward the reported experiences and perceptions of resistance, while remaining aware of my active engagement with the participants and their contexts. Furthermore, I believe the reader, informed of my perspective on resistance, is better able to assess the adequacy of the research results.

Participants

Selection Criteria. The criteria used in selecting participants for interviewing involved recruiting individuals who were self-referred for counselling; who were willing and able to participate; who had completed at least two counselling sessions; who presented for individual, personal counselling; and who had an elementary understanding of the word resistance.

Selection Process. Participants were elicited through a western-Canadian university counselling clinic that functions as a training facility for master's and doctoral level counsellors and serves the needs of the surrounding community. The rationale for choosing this particular counselling setting included the variety of client backgrounds, presenting issues, and ages that the clinic typically attracts; the large volume of clients that could serve as potential participants for the study; the strong likelihood of clients consenting to participate in a university-based research study because of the modest registration fee for service; and the convenience of access to a clinic that is affiliated with the university from which I am completing my doctoral degree.

Counsellors were randomly approached in the counselling clinic and informed that I was seeking prospective clients to participate in an interview-style research study that investigated clients' experiences of counselling. Since the counsellors had established a relationship with their clients, they were asked to first introduce the idea of participating in a research study. Only doctoral level counsellors were approached because they were assigned clients with personal issues earlier in the academic year than master's level counsellors. Counsellor backgrounds varied in terms of gender, age, and theoretical orientation (i.e., person-centered, cognitive-behavioral, narrative, solution-focused, experiential, systemic, feminist). I purposely neglected to inform the counsellors that the study specifically focused on "resistance" in order to offset the potential of counsellors only introducing the study to those clients they perceived to be resistant. Counsellors were requested to approach only those clients they considered to be articulate and psychologically capable to participate in a qualitative-style interview study.

For those clients who expressed an interest to learn more about the study, a meeting was arranged between myself and the potential participants to inform them of the study's objective (i.e., to gain a thorough understanding of clients' perceptions of resistance in counselling), to establish initial rapport, to provide them with guidelines and procedures for the interviews, to address their individual rights of non-participation without prejudice, to obtain informed consent to participate in the audiotaping of the interviews, and to answer any questions or clarify any concerns. Participants were each given a hardcopy of the study description (see Appendix B), completed a consent form to participate (see Appendix C), and completed a general information form (see Appendix D), while counsellors simply completed a general information form (see Appendix E). Interviews were then arranged with participants for the purposes of gathering data.

The concept of resistance was not pre-defined for participants in order to secure descriptions that stemmed from their own experiences rather than from the undue influence of my definition of resistance. I simply requested that they provide their accounts of resistance in counselling, whatever that may mean for them, in as much detail as possible.

A pilot interview was initially conducted with an individual I have personally known for a number of years and who had recently completed counselling in a similar type of setting. The purpose of the interview was simply to identify weaknesses in my interviewing technique and question formulation, as well as to gain familiarity with the mechanics of the audiotaping equipment. It was not my intention to include the data gathered from this lone interview in the study's data analysis, therefore the individual was recruited without strict consideration of the aforementioned participant selection criteria. As a result of this interview, some changes were made to the wording of interview questions for the study's participants.

The Clients. A total of 10 participants were interviewed for the study. They varied in terms of gender, age, marital status, education, previous counselling experience (see Table 1; p. 71), and presenting problem. Participant variability is considered a strength in that diversification adds richness and depth to the emerging findings. This study included only clients in active counselling in order to tap into the client's ongoing experiences of resistance, to track the process of resistance over the course of counselling, and to ensure that participants had adequate support during the research process, if required.

Procedure

Interviews. The ten study participants were interviewed three to four times each, however one participant was interviewed eight times, one participant was interviewed five times, and one participant was interviewed only one time. The variation in the number of interviews for each participant was directly attributable to the particular participant's availability for interviews. In keeping with the grounded theory method, initial participants engaged in numerous interviews as a way to draw out the many diverse experiences that spoke to the phenomenon of resistance. The categories that emerged from these interviews were then revisited with subsequent participants for breadth and depth as part of the process of theoretical sampling. A total of 37 interviews were conducted over the course of six months, and 33 interviews were transcribed in full. The four interviews that were not transcribed were reviewed and deemed to add nothing further to the emerging categories. I conducted all the research interviews, transcribed all the audiotapes, and analyzed all the data.

All interviews took place during the middle to late stages of counselling, were typically conducted on a bi-weekly basis, and averaged 45-60 minutes in length. Influenced by Kvale's (1996) practical guidelines for conducting qualitative research interviews, a few open-ended questions focused the interviews (see Appendix F), and the tone of the interviews was predominantly conversational. The questions were phrased in such a way as to allow the participants the freedom to explore their experiences of resistance in whichever way they chose. Questions of experience, feeling, and sensation were mostly used because they allowed the participants' experiences of resistance to be explored in-depth. The particular order of the interview questions varied according to the flow of the participant's conversational lead. Through the use of active listening skills, elaborations and clarifications of participant descriptions were sought as needed to ensure a clear understanding of the meaning being communicated.

The guidelines for the interview were briefly reviewed prior to commencing the data-gathering interview. These guidelines included highlighting the importance of the participants describing their actual experiences of the phenomenon and not providing descriptions based on what they presumed I wanted to hear. Immediately following each interview session, I recorded observations in the form of field notes to document my experience of the particular interview and participant. Field notes covered such areas as: (a) my impressions of the participant's responses (i.e., clarity, articulateness, degree of depth of descriptions); (b) my assessment of my involvement in the interview (i.e., quality of questions posed, follow up on previous interview themes, degree of influence upon the participant's responses); (c) my hunches and hypotheses about the emerging data, so as to raise my awareness regarding premature categorizing; and (d) my experiences of being reflexive throughout the interview. Field notes were frequently reviewed during the analytic process to provide further context to the emerging data.

Analysis. As previously stated, the data gathered in this study were analyzed using the grounded theory methods adapted from Charmaz (1983, 1995) and Rennie et al. (1988). Engaging in grounded theory research is a recursive process, as data collection and analysis occur simultaneously. The initial stages of data analysis were focused on generating broad, descriptive categories of resistance that were clustered according to their commonalities of meaning. This process gave way to a more specific process known as the constant comparative method, whereby categories were compared to each other, within and between each cluster. In so doing, meaningful categories of resistance were identified and an overall framework developed with one core category emerging as the most relevant to the phenomenon.

Of the 37 interviews analyzed, 33 interviews were transcribed in full with identifying information removed. Each transcribed interview, or protocol, was initially read through in its entirety as a way of becoming re-acquainted with the data and to get a sense of the interview as a whole. Protocols were then read line-by-line for purposes of identifying *meaning units*, defined as a key shift in topic or experience relevant to the phenomenon under investigation by either the participant or researcher, which served as a first-order reduction of the data. Each unit was closely studied in developing meanings and understandings that reflected the context and process of their emergence. Meaning units were further reduced into brief summaries that comprised the various properties of resistance, or *property statements*. According to Charmaz (1983), property statements define the category, describe its characteristics, and demonstrate the conditions under which it develops.

As a second-order reduction of the data, descriptive categories of resistance were formulated from each property statement and sorted into thematic clusters on index cards. Each property statement and its corresponding meaning unit were compared to each category and assigned to as many categories as deemed relevant, thereby preserving the variation in the data and identifying links between the categories, a process known as *open categorizing*. Open categorizing allows the researcher to preserve subtle nuances of the data and to remain close to the participants' accounts (Rennie et al., 1988).

The categories are then compared within and between other protocols in search of further commonalities, conceptualized as higher order categories (Rennie, 1994b). This conceptualization gives rise to a hierarchical structure, with the categories in each level serving as the properties (i.e., defining characteristics) of the category subsuming them (Rennie, 1994b). When it becomes clear that analyzing new protocols will not reveal any new categories or properties, then saturation of the categories has occurred. The focus of the analysis then shifts to identifying the relationships among the categories. A "movement toward parsimony" occurs in which categories that have links with many other categories become pertinent to the emerging structure (Rennie et al., 1988). In the process of identifying these central categories, the most central or higher order category (*core category*) is eventually conceptualized. The core category is the most closely related to the other categories and their properties (Rennie et al., 1988).

The process of comparing meaning units within and between each category involved not only searching for similarities, differences, and relationships amongst the categories but making comparisons to "negatives cases" (Smith, 1997) as well. Exploring cases that differ from the emerging conceptual framework serve to challenge initial assumptions about the data, to modify the categories, and to elaborate on the theoretical links (Pidgeon & Henwood, 1997). Instances in which participants did not experience resistance were identified and queried by asking the question, "What did not allow resistance to emerge in your session?"

Typically, categories that were left under-developed were either subsumed under other categories or discontinued. Under-developed categories were identified through the resorting process as categories that did not adequately capture the meaning contained in the respective meaning units. While initial category formulation remained close to the participants' language use, some of the more abstract categories identified in the later stages of the analysis were constructed as a way of explaining the relationships among the descriptive categories, thereby refining the analysis.

Throughout the data gathering and analysis process, memos were generated as a way of tracking and articulating my interpretation and understanding of the data. Memo writing serves as a record of the investigator's interpretive and reflective thoughts about the participants' accounts of the phenomenon. Comparisons and connections between and within the categories are delineated, obscure categories and processes are clarified, novel ideas about the phenomenon are developed, and gaps in the data are identified. According to Rennie et al. (1988), memos may also be used to compare and contrast the emerging theory to the predominant and established conceptualizations of the phenomenon under investigation. Thus, the writing of memos is a "pivotal intermediate step between coding data and writing the first draft of the analysis" (Charmaz, 1999, p. 376).

A conceptual model was constructed that identified the main elements in the client's perception of resistance. These elements were sequenced to reflect the relational and dynamic links between the categories of the participants' descriptions of resistance, thereby producing a general process model of resistance. Participant identified resistance experiences were then individually mapped onto this process model as a way of scrutinizing and checking its accuracy.

Trustworthiness

With the recent popularity of qualitative research in the field of psychology, there has been an increased focus (e.g., Cartwright & Limbardi, 1997; Etherington, 1996; Hart & Crawford-Wright, 1999) on the ethical dilemma of using clients as participants in research studies. The specific dilemma posed relates to the strong similarities that exist between qualitative interviews and counselling sessions, such as "the primacy of experiencing; respect for the beliefs and values of others; an emphasis on relationship and process factors; and search for authenticity" (Mearns & McLeod, 1984, p. 372). Thus, the relationship that develops between researcher and participant encompasses the same vulnerabilities as a client-counsellor relationship (Hart & Crawford-Wright, 1999). With evidence to suggest that client-participants find the research interviews to be more therapeutic than their counselling interviews (Gale, 1992), the researcher may unknowingly become entangled in a dual relationship of both investigator and counsellor. In reflecting upon all the challenges I faced throughout this research study, the most challenging may have been maintaining and remaining aware of my primary role as researcher when the temptation to don the hat of counsellor would emerge during certain interviews. During these moments, I would re-orient myself back to the research agenda by being reflexive. Reflexivity allows the individual to attend to the self while engaged in interaction with another without losing consciousness of either (Rennie, 1992). My moment-to-moment awareness of self helped me to remain faithful to the researcher role constructed at the outset of the study.

It has been proposed that multiple "validity checks" can enhance the quality and credibility of a study's research findings (van Maanen, 1983), however the validity of any qualitative research study is also largely dependent upon the integrity of the individual researcher. In the present study, researcher integrity was addressed by bracketing my biases and assumptions about the phenomenon early and revisiting them throughout the research process, so as not to unduly influence the gathering and analysis of the data; in being reflexive while conducting the interviews as a way of maintaining a focus on the researcher's role; in periodically reviewing the data collection and analysis procedures of the grounded theory approach, so as to maintain researcher competency; in developing descriptive and interpretive memos that served as the framework for the emerging model; in continuing to transcribe and analyze data until categorical saturation was achieved; in disseminating the results with transcribed excerpts of participant accounts of resistance to facilitate the reader's evaluation of the analysis; in engaging thesis committee members for feedback regarding the study's findings; and in communicating the emerging findings to participants during the data collection process. What follows is my analysis of the perceptions and experiences of resistance recounted by the study participants.

Table 1.

Description of Study Participants

	Clients				
	Pseudonym	Age	Marital Status	Highest Education	Previous Counselling
Females					
	Sam	42	Divorced	High School	Yes
	Jane	28	Married	Graduate	Yes
	Ike	57	Married	High School	No
	Cara	29	Single	Undergraduate	Yes
	Grizelda	40	Married	Undergraduate	No
Males					
	Link	23	Single	High School	Yes
	Brad	35	Married	Undergraduate	Yes
	Gary	24	Single	College	No
	Dusty	44	Divorced	College	Yes
	Snow	25	Married	High School	No

Chapter IV: Results

With the purpose of this study being an examination of the client's perception and processing of resistance in counselling, and the development of a model of its process using a grounded theory approach to data collection and analysis that will be useful to practitioners, the results emerged from the recursive process of surveying the participants' words and posing such questions as: What aspect of resistance is being described here? What seems to be its meaning? How does it relate to other aspects of resistance? The answers to these questions and more helped identify the meaning units, categories, and themes that spoke to the phenomenon of resistance, which resulted in a process model composed of 1 core category, 4 themes, 8 clusters, and 43 categories.

As discussed in the methods chapter, one of the steps in arriving at a grounded theory of a particular phenomenon is to identify a core category under which all other categories are subsumed. In this study, the identified core category addressed the question of function. The analysis of the participants' descriptions suggested that what underlies every aspect of the resistance process is psychological self-protection, typically in relation to self-identity and self-autonomy. All the categories generated from the analysis culminated in the emergent core category of psychological self-protection, the last interpretative step in arriving at a substantive theory of resistance.

This chapter will present edited participant accounts of resistance that speak to the core thematic heading – *What is the Function of Resistance?* – and core category of *Psychological Self-Protection*, followed by the subsumed thematic headings: (1) *Where does the Need for Psychological Self-Protection Originate?* (2) *How is Psychological Self-Protection Manifested?* (3) *What is Affectively Experienced with Psychological Self-Protection?* (4) *How is Psychological Self-Protection Addressed?* A brief synopsis of the experience of psychological self-protection for each participant will follow. Finally, since grounded theory research seeks to arrive at a substantive theory of the phenomenon being studied that takes process into account, the chapter will conclude with a description of the process model of resistance evolving from the data analysis.

What is the Function of Resistance?

Psychological Self-Protection

The core aspect of resistance that was touched upon in all participant descriptions is reflected in the function of psychological self-protection. This broad-based function of resistance was most often described in relation to one's sense of identity and autonomy.

Participating in counselling involved a genuine disclosure of personal information and an engagement in the vulnerable process of achieving change. Some participants only understood and reached awareness of this level of participation in the moment. Others were cognizant of this role at the outset of counselling but overestimated their level of readiness to embark on the process of change. Others still were aware and ready for the work needed to bring about change but their particular view of the world was different from their counsellor, so they disagreed on the counselling tasks. Whatever the reason, resistance seemed to be experienced when participants perceived a threat of change to their constructions of self and other that they were unprepared for. The experience gave way to behaviours that achieved the function of psychological self-protection. Moreover, resistance allowed individuals the time and space needed to assess the new information and decide whether to assimilate it into being. While unpleasant, it was less taxing on the psychological system to momentarily resist unknown change and remain with the status quo than to take on an unproven and unfamiliar way of being and of perceiving the world that had the potential to worsen the problem. In this respect, resistance can be positively regarded as the motivated behavioural outgrowth of the clients' efforts to momentarily ensure the integrity of the psychological self.

Protecting self-identity. Participants described a tendency to safeguard their self-identity and self-autonomy through resistant behaviours. Self-identity was described as the construction of self that is meaningful, familiar, and stable. The participant Jane, for example, likened the counselling experience to engaging in a process that had the potential to fundamentally alter her personality and who she knows herself to be. So, she was prepared to employ resistant actions as a way to preserve her construction of self:

> I am really resistant to changing my whole way of thinking. I do not want to change fundamentally who I am. I just want to get a little bit of help to get away from where I was a few months ago. I just want to deal with the reason I came

> here. There are a lot of things I want to fix about myself, but I'm afraid of altering fundamentally who I am. I probably need to make a major overhaul of [my] personality, but at the same time I'm just scared. That's the thing about the psychiatrist – the whole drug thing, the whole mind altering – that scared [me]. I know therapy is just a slower way of altering your mind in a way. I figure I might have more control over this. But the whole thing is a bit scary. I mean the idea of playing with your emotions and playing with your thoughts. It's who you are.

Protecting self-autonomy. Self-autonomy was indicative of the clients' reciprocal need for control and direction over the counselling process. Cara believed that resistance could safeguard her sense of autonomy. In this example, she confronted her counsellor in an effort to establish her voice and retain ownership of her in-session process:

> Counsellors who talk a fair amount create a certain resistance for me. Like, I don't necessarily want to listen to what you're saying. I don't feel free to talk about what I'm feeling, or I don't trust you to understand what I'm saying. I think that's what I'm experiencing here. I know I'm not really comfortable with [my other counsellor]. It's like, I might describe something and he'll reflect it back to me, but in the process of reflecting he speaks about as much as I do, which is fair but [also] dangerous because sometimes what he says is not what I meant. I tried to let him know [this] at least two or three times and the third time I was really explicit. I said, "You're making me upset!" So we talked about that. I think part of that [reaction] is also personal. [Being told], "You need to do this," or "Maybe if you did this," is fair but I'm losing a sense of ownership. [So that's] one thing that I think is coming up in the way I talk about these sessions – my resistance to follow my counsellor's lead. I get very emotional and intense.

Thus, self-identity and self-autonomy were identified as the main features of the psychological self that resistance served to protect. By safeguarding their sense of identity and autonomy through resistant behaviours, participants slowed the counselling process to better understand their immediate experience of threat to self.

Where does the Need for Psychological Self-Protection Originate?

Participants made reference to the perceived origins of their experience and expression of in-session resistance. They spoke about how their expectations of counselling, their personal fears about engaging in counselling relative to issues of trust and control, and their disagreement with certain counsellor behaviours appeared to influence the manifestation of resistance for them.

Expectations of Counselling

A source of resistance identified by participants was their expectations for counselling in terms of the kind of process and outcome they would experience. Participants stated that they entered counselling with certain expectations regarding what discussion topics would be broached, how change would occur, how quickly they would achieve change, how open they would be about their private self, and how cultural similarities would affect the counselling process. These expectations, or predictions, served to alleviate any initial anxieties about entering counselling and provided participants with a sense of control over their counselling endeavour, in that they were prepared for counselling and “knew” what would likely occur. Once counselling began, however, some of these predictions were disconfirmed in the moment, so participants experienced surprise and felt “caught off guard.” Resistance became the automatic outgrowth of this experience, as it served to postpone acceptance and full engagement until the participant had an opportunity to reflect on the event, understand it, and assimilate the new information. Expectations that were gradually disconfirmed over the course of counselling were not necessarily experienced as surprise, but if disappointment was felt, then subtle forms of resistance emerged in response.

Discussion topics. An expectation for counselling described by Grizelda involved imagining what information would likely be revealed and what topics would likely be discussed. When her expectations were not met, she experienced surprise and engaged resistance to slow the process, thereby giving her the opportunity to reorient herself and come to a newfound understanding about her issues:

> You're going there voluntarily. You're prepared to share personal information, or maybe you think you're prepared. Maybe you realize that suddenly what you thought was the problem … it's something else, and then that surprises you, shakes your world. Then I realized that some of the issues that I thought bothered me were really about something else.

Insight-oriented change. Another expectation that prepared participants for counselling involved assuming that change would take place through immediate insight, or the "a-ha" experience. Jane, for example, was hoping to achieve a grand insight from counselling that would inform her on how to resolve her issues. Over time, she realized that change would not likely occur this way, so she experienced frustration with the subtlety of her change process:

> I felt like I had expected more. Like I was hoping that there was more. I think I was hoping for some big mind blowing idea to come up that would fix everything. [That] I would get some insight into my whole life and how I deal [with it].

Easy change. Most participants hoped that change through counselling would be achieved easily. Some participants, however, were so confident as to expect that change would be easy. These participants may have unknowingly placed themselves in the position where not meeting their expectation influenced the emergence of resistance. As an example, the process by which Sam's expectation for change gradually became disconfirmed is described in the following three quotations from three separate interviews. Sam initiated counselling with the expectation that change would be achieved rather easily due to a strong motivation for change:

> [I had an assumption that once it started it would be an easy process] and actually, so far, I found that it's been very easy.

As counselling proceeded, though, exploring her issues in-depth became increasingly more difficult and she responded with resistance to protect her psychological self from the potential threat of her emerging emotions:

> I get disappointed in myself because I put up roadblocks. This should be easy, this is logical, and yet I put up roadblocks, just more or less because of the fear of it. The fear of feeling.

After addressing her experienced resistance through reflection, Sam related her revised expectations for change:

> [Now I know I'm going to focus on changing something that's always been automatic.] No one ever said it was going to be easy. Will I win all the time? No, but at least I am aware of it. I can see it coming and say, "Well time out here. This is not right. This is not working for me. This is not going to be good for us." [I

> realize there's going to be some lapses], because it has become so automatic. There's going to be times that you slide back into the old habits.

Openness about self. Yet another expressed expectation of counselling included the degree to which participants would be open and honest with personal information in their counselling sessions. At the outset of counselling, Ike assumed that she would disclose the personal details of her life to her counsellor in a forthright manner. She realized that this would not be the case when her resistant behaviour (e.g., thought censoring) took shape, implying that her resistance was unconsciously derived:

> To talk to this stranger, my [expectation] was I'm going to tell her everything – like I don't think so. I guess I was still at that point where [I didn't] trust anybody, because you take a lot of your stuff from your background. In my case, certainly don't trust anybody unless you've known them for a very long time, [and even then] don't blab everything.

Cultural similarities. A fifth counselling expectation that influenced the emergence of resistant behaviour dealt with cultural similarities between client and counsellor. Cara initially expected that the cultural similarities with her counsellor would facilitate the counselling process. This expectation gradually became disconfirmed as she realized that perhaps the influence of culture had a hand in generating resistance for her, rather than offsetting it, because she was ambivalent about what to emphasize and what to de-emphasize in her disclosures. Reflecting upon her resistance, she became aware that subtle cultural differences existed that superseded the cultural similarities, and this realization helped to rationalize her resistance:

> I think perhaps one reason why there's less resistance in my relationship with my therapist is because we're both women of color. On the other hand, I think as the sessions progress and as I've started looking into the sort of ethnicity factor, I think that's where some resistance exists as well. I'm beginning to get the sense that maybe there's actually a cultural difference. The thing is, how much [of this difference] is the individual and how much is the dominant culture combined with this other culture, the mosaic culture? Because, although I'm Canadian, I am a child of immigrants. So, in some ways, I have been raised with values, traditions, language, and a way of doing things that is not part of the dominant Canadian

> culture. [For example,] I can come in to the session and assume you're going to probably act or speak in a way that I can classify and [I] will project certain [Canadian] values or beliefs on you. I can put you in this box and that's okay, but when encountering someone [like my counsellor], who may not fit that box necessarily, I have to mediate that. I know it sounds really strange but it's kind of like I have to choose which parts of me to bring forward. Am I going to be more assertive, more Canadian, or am I going to be more passive, [more Asian]. And [so] with my therapist, over the past little while, I'm getting this funny feeling that because there's two cultures or more on her side, and two cultures or more on my side, that maybe I don't know what to bring forward or to hold back.

Thus, various categories of counselling expectations were clustered as a possible origin for participants' resistance experiences. It was difficult for participants to identify with certainty whether these perceived origins of their resistance were consciously or unconsciously derived. It seemed more likely, however, that their expectations emerged intrapersonally and were influenced by their respective personal histories.

Fears Related to Trust and Control

The fears participants described as underlying their resistance experiences were understood as being related to trust and control in the counselling process. The categories subsumed under this cluster included fears about trusting others, being judged, being abandoned, changing the self, experiencing overwhelming emotion, and losing control.

Despite the desire to resolve their counselling issues, participants were often fearful about offering absolute trust to their counsellors with respect to their personal stories. Doing so meant breaking away from normal social discourse practices and revealing deeply personal aspects of oneself to someone who was essentially a stranger, thereby contributing to a power imbalance in the client-counsellor relationship. As well, in exposing the vulnerable parts of the self, the potential to become psychologically harmed was raised to their awareness. This lack of control influenced participants to mediate the counselling process with tempered trust. The early sessions included some wariness about revealing too much personal information and about the counselling process in general. Participants nonetheless bestowed their counsellors with a higher level of trust than is typically found in most first-time social encounters, predominantly due to the professionalism and professional-like status of their counsellors. This level of trust, however, was insufficient to overcome their stronger reservations about discussing more sensitive topics or details in counselling. The middle sessions witnessed a gradual increase in trust that eventually peaked and remained throughout the later sessions.

Fear of trusting others. Numerous participants recounted their initial difficulty trusting their counsellors with deeply personal information in terms of confidentiality and being empathic. Given the unfamiliarity of the relationship, they wondered about the degree of discretion that their counsellors would show while in possession of their personal information, and whether their counsellors held a similar value system as their own. For example, Link described his initial reluctance about disclosing himself to a relative stranger. Link feared that confidentiality around his personal information would inadvertently be broken and the people in his personal life would be made aware of his thoughts and feelings about them. Resistance, therefore, served to delay engagement and allowed him an opportunity to achieve a certain readiness for counselling:

> A complete stranger I'm talking to about my most deepest problems. She says, "Tell me whatever is on your mind," and I said, "But I just can't. I can't just be this way." She says, "You should talk to me," and all the feelings inside me … I didn't want. Like I had the thought, my dad's going to hear about this. It's going to get back to him. I don't want that. What if there's talk around the water cooler here and she talks about me. That's where I felt the resistance. It's kind of scary.

Likewise, Ike remarked that not knowing if her counsellor was in general a trusting person fostered a fear that trusting her counsellor might lead to betrayal. Her resistance to disclosing certain personal details had a connection to and was informed by past experiences in her life in which her trust was abused. So, her fear of trusting her counsellor had just as much to do with how others had treated her in the past as it did with the relative lack of familiarity of her relationship with her counsellor:

> There are things about your personal life that you don't really trust saying to someone … like a stranger. Anybody that tells me something in confidence, that's what it is. That's big time with me, but I always wonder about other people … if it's as big time with them as it is with me. So, I suppose I do hesitate. I do trust a counsellor more than a friend, but I don't trust them completely. I have this thing

> about trust. I really have a tough time believing and trusting in people, to believe that they really do care. I've had a lot of experiences with people I have totally trusted and I've really been stabbed in the back.

Brad, on the other hand, expressed a lack of trust in not only his counsellor but the practice of counselling. Brad's fear about trusting others included trusting that counselling was an efficacious endeavour. Resistance, therefore, served to safeguard him from becoming fully engaged in a process he perceived as questionable and potentially threatening to self. Brad further linked the emergence of resistance to a lack of interpersonal trust with his counsellor and a lack of intrapersonal trust with himself:

> The last session was more just a session of wondering if this was just a bunch of bullshit. Like, it was the second time [doing hypnosis] and I just thought I'll play the game for awhile. I was still resistant to it. Resistance really has to deal with trust for me. I just didn't trust the process. I didn't trust her to a degree. It just seemed too clinical, too organized, too structured. It seemed to be put on. I mean it has to be put on, but it's put on just because it's supposed to be put on this way. [For me, resistance and trust are closely tied together], especially when you talk about it in the context of a psychologist-client relationship. If there's resistance there, it's a question of trust. That's how I'd have to define resistance. It's all about trust. It's about letting go and trusting yourself for the client, and it's about just what kind of environment you want to create [for the psychologist].

Fear of being judged. A strong concern expressed by some participants regarded whether their counsellors would perceive the personal information they intended to disclose in session in a pejorative way and whether this might lead their counsellors to form covert judgements about them. Based partly on similar past experiences, Brad perceived that his counsellor was disbelieving his story. In this context, resistance seemed to emerge interpersonally:

> When I first started going to my counselling sessions, I wasn't sure how my counsellor was going to take me. I've had a very varied background. On the one hand, I'm telling her, "Yeah, for the last six years, I worked in a coal mine," and in the same breath I'm telling her that "Five years before that," I felt very awkward telling her, "I used to work as an international model." The transition is

> so stark that for most people they go "Bullshit!" So for me, I was resistant to tell her but I sensed in her maybe a little resistance to whether I was being really honest with her. So, resistance is not just what I sense [in myself] but it's what I sense is going on with other people. I just felt uncomfortable telling her. I didn't want to [see] eyeballs rolling in the back of her head.

Sam described the dichotomous experience of consciously believing that her counsellor would not judge her, yet subconsciously fearing that she would be judged because her past experiences with others informed her of this likelihood. Resistance, then, protected Sam from revealing too much personal information that could prompt a negative label being imposed upon her and threaten her psychological self:

> [I felt] scared [discussing the abuse], just I guess more her reactions. Like we all want to be liked, we don't want to be judged, and as much as we trust somebody not to judge us, we're human. [The session] started off really slow. Again, a little bit of fear, a little bit of embarrassment. It's very hard to admit that you've done it, you felt it, it's happened. Even though consciously I know she won't judge me, there's still part of the subconscious that says, "No!" And that's the insecurity I have because everybody has been judging me and condemning me. Whether it was my fault or it wasn't my fault, it didn't matter. I was always being judged. A little bit of embarrassment comes from the fact that I'm a very strong person and yet I wasn't able to stop this from happening. That's embarrassing to me.

Grizelda remarked that, at times, she resisted disclosing her "real" feelings or thoughts in session because she feared being judged by her counsellor. Given the power differential that can exist in counselling relationships, resistance functioned to protect her vulnerable sense of self from the potential judgement of her counsellor:

> I'd be kind of hesitant to say what my real feelings or thoughts were on certain subjects. I'd be afraid of being jumped on, even though you kind of know that the person is not going to judge you or label you. It usually happened when I was led somewhere I didn't really expect and I would feel trapped. Like, "Uh oh, I'm in this corner" and the counsellor is waiting for an answer.

Fear of being abandoned. Another origin of resistance recounted by participants involved a fear that their counsellors would abandon them during difficult counselling moments. Since their counsellors were novice, some participants were concerned that they would be abandoned during deep-laden emotional explorations due to a lack of counsellor experience. Link, on the other hand, expressed disappointment and worry that counselling was ending prematurely, before his issues were fully resolved. Moreover, he was frustrated with the prospect of having to begin counselling again with a new counsellor because he had established a strong connection with his current counsellor. He described the experience as if he was being abandoned:

> I never new [that counselling] was only going until April. I thought it was going to go [for twelve months]. [At the beginning of the session] she says, "We have three more sessions left." Right there I thought gee, this is resistance. [When I heard that, my first reaction was] "You can't go," because I can't go to one of these new psychologists and start from square one. My counsellor knows me really well. But at times, it's kind of scary. She knows me too well. I want to let go of the resistance and just not worry about the three weeks, but today I just couldn't get over she's leaving. I still got issues. I still got to do this, I still got to do that. I almost got mad [and] started pouting. I found myself kind of nit picking stuff, and I came across as cold. I was just kind of mad, more than anything else. Usually I'm better than that, but I just didn't care. She's leaving in three weeks.

Fear of change to self. Some participants perceived counselling as engaging in a process that had the potential to fundamentally change their personality and who they knew themselves to be (i.e., self-identity). This potential for change was perceived somewhat negatively because of the awareness that with change comes a sense of the unknown. Participants who had never experienced any other way of being, and had no reference point from which to draw, experienced anxiety about the prospect of viewing life differently or becoming a different person. Fear of change to self, then, was understood as the natural feelings of anxiety that emerge when one's longstanding way of being and of perceiving the world is threatened with engagement in a process that could potentially improve or further deteriorate one's way of living. As such, some participants feared delving too far into the recesses of the self and bringing new realizations to awareness that were unknowable and potentially overwhelming. With this in mind, the process of change in counselling was somehow perceived to be not in their control, so they resisted change until some sense of control was established and they could gradually assimilate any new realizations into being. Brad, for example, questioned how many layers of his persona he "really" wanted peeled away:

> I'm less resistant to [the hypnosis], only because there's some issues that I thought were rather interesting ... just being able to actually throw your mind back in time, and the clarity. I find that very intriguing. [However, I'm still not fully committed to it] because I'm not entirely comfortable with how deep it goes. How much do I really want to know about myself? I know I need perspective. How deep of a perspective do I want? Too much information about yourself, I don't know how healthy that is either. We were doing hypnosis and I sensed in myself this resistance if I really want to know the issues that we're going to deal with.

Likewise, Sam's rationale for fearing a change to self stemmed from questions about what change would mean and how it would affect her life:

> Even though I have said to myself and I have openly admitted, "It's time, these walls have got to come down," it's still easy to tread water and back track. To accept the hurt and relive the pain is scary. You don't know the other side, so you don't miss it. You can look at it and you can wonder about it, but you don't miss a life any different than you've had because all you know is the struggles you keep going through, and you try to make each struggle better or easier but that's all you know. So any time there's major change, when you want to change your personality, there's fear involved.

Fear of emotionality. Participants expressed a fear of being unable to control the degree and intensity of emotion they would experience in session. Some participants resisted dealing with the deep-seated emotions underlying their counselling issues for fear of re-experiencing past psychological pains and perhaps becoming overwhelmed in the course of exploring those emotions. For example, Dusty feared that by reconnecting to past painful memories he would become retraumatized, so he perceived his resistance as a way to protect his construction of self and maintain his emotional stability:

> I [felt resistance to] talking about the issues, especially because a lot of them are from childhood and they're painful. I have a tendency of stuffing my emotions to deal with it. There is a lot of pain back there, and talking about it brings back the

> pain. Remembering the issues and what happened, it brings back those feelings. It was difficult. I found myself starting to feel those feelings of unworthiness and low self-esteem. [So] my way of coping was for my mind to resist going back there. I think it's actively coping because it could quite possibly be overwhelming … to the point of not knowing how to handle it.

Sam feared exploring her sexual abuse history in counselling. With no prior experiences to inform her of the likely affective outcome of such an endeavour, the potential to be overwhelmed by emotion was perceived to be too great, so she protected the self through resistant behaviour:

> [Last session], I etched around talking about the sex thing, totally resisting it. I didn't want to go there. I wasn't comfortable with it. I'm afraid of reliving it. I'm not sure what's going to happen. I'm not sure what I can feel. I don't have control over that. So it's a feeling of being scared, because [I'm] not in total control. [I'm] not able to say, "This is going to happen and I'm going to counteract it with this." I won't know what I'm going to feel until I get there. I keep telling myself that there's nothing horrible to feel that we haven't already felt and handled. But it's still there – [the fear of feeling what was felt a long time ago].

The prospect of expressing emotions in the presence of their counsellors was also anxiety provoking for some participants because such behaviour runs counter to socialized ways of communicating interpersonally. For Sam, the lack of familiarity in disclosing the emotional self to another seemed to breed a fear in session, a fear that did not exist when she would introspect and journal out of session:

> Being vulnerable is being weak. Being closed is being strong, because it controls every aspect. Writing has been a really great avenue for me because I'm not vulnerable to anybody. I am in total control because nobody can see my writing unless I choose to let them. I don't have to share it with anybody. I don't have to worry about being offensive to anybody. I got the anger out. I went home and I wrote a six-page letter and I expressed a lot of it out on the paper. But there was a definite stoppage or blockage [to expressing it in session].

Fear of losing control. The final origin of resistance that clustered under the fears related to trust and control category involved participants' fears about losing control and autonomy within the counselling process. Jane, for example, stated that she was unaware of the underlying rationale for many of her counsellor's interventions. Without such awareness, Jane did not believe that she could participate in directing the course of counselling. Perceiving that her freedoms were threatened and that she was losing ownership of her counselling, Jane responded with resistance to protect her autonomy:

> I started putting up walls and [thinking], "You're not going to play these games with me." I don't want anyone putting one over on me, and I hate that maybe [my counsellor's] doing it and maybe he's been doing it all along, but as long as I don't know, that's okay. I don't want to know that somebody's playing a game with me. I don't want to do something that I'm not conscious of. I want control. I want to know that I'm in control of what I'm thinking and what I'm doing. The idea that somebody can manipulate me is a scary prospect. I don't like not being aware. Maybe that's why I'm always rolling my eyes when he's suggesting stuff, because I think it's some kind of stupid little game he's playing with me just to get me to write down my feelings.

In a slightly different vein, Sam expressed a realization that she manifested resistance in her sessions because she had no assurances that allowing access to her vulnerable self could be controlled once she began disclosing her story. The fear of losing control of her lifelong way of coping prompted Sam to engage resistance as a form of self-protection:

> Come on, it doesn't take a rocket scientist to figure [I] have protected something all of [my] life and now [I] want to crack it wide open, without giving [my] mind any reassurance that there is going to be control factors in there and [I] can close that gate and stop anybody else from opening it. That's [my] choice to go through that gate. It's not a freeway for everybody else to travel through.

Thus, various fears related to trust and control were clustered as a perceived origin of resistance. From the categories of fears described, three main conclusions were drawn. First, it appeared that participants tempered their trust in counselling because they perceived that, as in any relationship, it is natural and self-protective to place boundaries on trust. Second, considering that participants' past experiences likely acted as templates against which active counselling experiences were matched for familiarity and predictability, some participants feared that trusting another so completely could once again lead to betrayal and injury to the psychological self. Third, resistance seemed to emerge when participants' sense of control and autonomy were perceived to be threatened through the counselling process.

Disagreement with Counsellor Behaviour

Resistance was also perceived as stemming from counsellor behaviours that did not particularly resonate for clients. Several in-session counsellor behaviours were noted to be associated with client resistant responses, including the degree of directiveness or nondirectiveness; the suitability of the proposed counselling tasks; the rationale underlying the tasks; the value conflict between client and counsellor; the inflexibility of the session structure; the counsellor's disclosures about self; and the counsellor's stagnant change efforts.

Degree of [non]directiveness. Many participants described their counsellors' communication style or therapeutic approach as either too directive or too nondirective. These behaviours were experienced as unhelpful and frustrating, thereby influencing a resistant response as a way to protect their in-session voice. Jane covertly disagreed with her counsellor's frequent lack of direction in session:

> I perceive [my counsellor] to be a bit resistant to tell me things. It's like he seems to really hold back until I get started. He may not be wording things as directly as he would. I just feel that there's more of a reluctance to tell me things directly or to ask a direct question. I hear the questions more as skirting around the real issue. Like, "What would you think if this," or "I wonder if …." He might have a thought about something I've said but he's not saying outright, "Oh look, there's something important." He's just making me think about it. He's trying to make me see that it's important and make me say it. [For example, he came up with a plan last session for me but] I think he was trying to get me to come up with it. He said, "Okay, you're a scientist. If you're going to do a study with people, how many indicators and how long would people have to feel them before you think they're in depression?" I think he had the plan there but he wanted me to say it. He already knew what he wanted to say [but] was reluctant to just [come] out with it. I would have rather him say, "Well, here's my plan, what do you think,"

> and then we could have been done in like ten minutes, but instead it was a little bit around and around, just trying to get me to say stuff. I was getting a bit frustrated.

Ike likewise noted that her counsellor's nondirective counselling style was a source of frustration for her. By posing few questions, proposing few suggestions, and neglecting to follow-up on homework tasks, Ike perceived that her counsellor's behaviour fostered resistance for her, which she manifested through task disengagement:

> Maybe if [my counsellor] asked me more questions it would be easier [to open up] but she doesn't. Sometimes I feel that I don't know the answer but maybe if [she] gives me a suggestion … like I'm not saying I want [her] to give me the answer, [but] sometimes I feel like I really don't know what the heck the solution is. I think it would be helpful if a counsellor would [provide their] ideas. [Also], give me things I might try to do from one session to another, but I think the next session she should ask me if I actually did those things. If you have somebody prodding you, you feel a commitment to that person. So [if she doesn't ask me about it next session], you wonder if [she] really cares. If you give me suggestions and you don't follow them up, do you care? It just would be nice for her to ask, "Well, how did that work for you?"

At the other end of the continuum were directive behaviours that influenced the generation of resistance for some participants. Dusty, for instance, experienced anxiety when his counsellor continued to probe about his past feelings, despite having disclosed that he could not recall how he was feeling at the time. Dusty later stated that his anxiety prompted him to resist by attempting a guess about his past feelings:

> Being asked how I felt about the situation, not being real sure how I was feeling, and feeling kind of anxious that I should know how I was feeling … I think because I was having difficulty getting in touch with the feelings, to keep being asked what I was feeling almost kind of made me feel more anxious.

Counselling tasks. Some participants recounted their unspoken disagreement with counsellor suggested tasks as a factor in the emergence of their resistance. These tasks took place both outside of counselling, also known as homework exercises, and within the counselling session. Participants stated that they disagreed with the proposed tasks because they appeared manipulative ("psychological game"), they seemed to lack credibility, they appeared to be irrelevant to the counselling goal, they seemed simplistic or impractical, or they were rarely followed-up by the counsellor. Brad, for example, was reluctant to engage in hypnosis as a strategy to resolve his counselling issue:

> The notion of hypnotism and trying to deal with issues through hypnotism, I felt resistant to that. I felt resistant to that because I thought it was a bunch of bullshit. I had a perception of what hypnosis is and I was uncomfortable with the notion of having to submit myself to that. That I actually had to get to a point where we have to do silly things to deal with [my] issues. So yes, resistance in full force.

While participants experienced a lack of comfort with and commitment to the proposed exercises, they attempted to re-establish their autonomy and regain control through their resistant behaviour. Ike perceived some of her counsellor's suggestions to be simplistic and unrealistic, so she covertly resisted the tasks, thus restoring her sense of autonomy:

> A counsellor can say, "Well, you can do this," but they still really don't know the relationship between those two people. It's easy to say, "You can do this," but it is really quite difficult for that [client] to actually do that when they're confronted with this person. [She also had] suggested this book that I should pick up at the [bookstore]. I got down [to the bookstore] and I decided, no ... I'm not going to go look at that book because I just wasn't ready to look in some book. I really don't believe in a lot of these books that tell you how to think. So, I didn't look.

Jane found her counsellor's proposed exercise to be both unclear and impractical, because the rationale underlying the task was not given and it was a task that others might bear witness, thereby unwillingly exposing her personal issue:

> I noticed I was resistant to a couple of suggestions that the counsellor made. I don't know if I'll actually do them, but I'll probably try them. I just didn't see the importance. This thing about writing down thoughts, I'm not sure I know exactly what we want to do with it. So I felt a little bit of resistance there. When he suggested it, I asked him, "What is the purpose of writing down things on paper?" And he said, "It seems like I'm the kind of person that the psychological games wouldn't work with" and that I was way ahead of him. I don't know what that means. My first reaction was that it feels [like a] pretty stupid thing to do – "Oh, that's so stupid." But my second reaction was how am I actually going to be able

> to do that, because with my husband around ... he already thinks it's kind of weird that I'm coming to do this [counselling] in the first place and [now] I'm carrying this little book around. [When my counsellor suggested it, I told him] I'll try but I don't want to. I just feel it's bringing all this stuff into your everyday life. I'm happy working on this by myself, but I don't want to openly show that right now.

Value conflict. Participants disagreed with certain lines of counsellor questioning that were experienced to be in conflict with their value system. In such situations, participants chose to exercise their autonomy and stay true to their ideals by either directly or indirectly placing limits on topic explorations with their counsellor through resistant behaviour. For example, Sam was uncomfortable with the idea of talking negatively about a family member to an outsider because her upbringing was such that it was considered disrespectful to do so:

> I've always been raised [that] you don't wash dirty laundry in public. You say nothing that may tarnish the family name. The Sam's are holier than thou, or at least they like to think they are, they've been raised that way. So I think talking about my mom and dad and my grandmother, because they're [family], there's a lot of inbred respect there. [In the last few sessions, there was] a little bit [of a blockage talking about] my dad. That's one of these things that's really going to be a slow process. I find talking about him really hard. He's your father. He's God. He's on that pedestal. When you've had it so ingrained in you that you can talk about anything and anybody else except the family, outside of the family information zone, that's a hard thing to break.

Ike experienced discomfort detailing her personal finances to her counsellor because she was raised to hold those details close to the vest. So she indirectly resisted by censoring her thoughts and, in the process, maintained her values:

> The subject of money came up. I find that difficult to talk about because to me that's always been very personal. I just think money is a very touchy subject. So I probably didn't say everything that I should of. I didn't elaborate on things. I didn't answer some questions truthfully. Like I know [counselling] is confidential but I guess it's just something I grew up with. [My counsellor] asked me if I could honestly say that I had enough [money]. I thought about it and I said, "Yes." Then

> my second thought, but I did not say it out loud, was "No!" So I thought, she's not getting the whole picture here. If I would have said "No," then I think she would have asked me, "Well, why?" So then I would have to divulge everything.

Inflexible session structure. Another feature of counsellor behaviour identified as a source of resistance for participants was adapting to a pre-set counselling structure. Some participants perceived their counsellor to be somewhat inflexible with the session structure. For instance, Brad believed that the 50-minute-session guideline was far too rigid and impersonal:

> Sometimes I don't like that [the counsellor has] to look at a clock and say, "Times up." I find that very frustrating, but I don't make the rules. Sometimes an hour is not even appropriate … twenty minutes is enough, because we're already at another issue and I can chew on that all week. But some days, that idea of always looking at the clock and that clock determines the agenda, I think is just cold. I just hate the notion of actually having to look at the clock and say, "Okay, the clock says it's all over now Mr. Brad." I just don't like that. It's just very impersonal. I'm resistant to the structure.

The experienced frustration with the session structure motivated the emergence of resistant behaviours as a way to restore some sense of self-determination. Dusty was feeling uncomfortable about participating in an exploration of his counselling issues after spending a large portion of the first session completing counselling forms, so he resisted by discussing his issues on a surface level for the remainder of the session:

> A lot of the first session was a fair amount of paperwork and stuff like that. So I guess I didn't really feel comfortable at the tail end of the session starting to get into issues. We basically got into a very general discussion of the issues that I wanted to work on. It wasn't until we were partly through the second session that I started to feel that my counsellor was interested in, listening to, and understanding what I was saying.

Counsellor self-disclosure. Counsellors, at times, were observed to intervene in session by offering personal self-disclosures related to their clients' issues. Some participants, however, were confused as to their counsellors' intentions, so they felt awkward and were uncertain as to how to respond. Unable to comprehend and process the intervention in the moment, some participants responded with minimum talk. For example, Jane's lack of response at the conclusion of her counsellor's self-disclosure was perceived as resistance to engaging in discussion because she was confused about the purpose of the disclosure. So, her resistance served a positive function in that she averted being drawn into a process that she was not committed to and did not fully understand:

> [My counsellor] has told me stories about his life and whether they're true or not, I don't know. He's told me about some things that have happened when he was growing up, but I don't know if I feel comfortable about that. I mean, I don't know if it's really personal or if it's just a story. Am I supposed to say, "Oh there, there now?" Am I supposed to be the counsellor and get sympathetic? Am I supposed to say, "It's okay," or "Good for you," or ... like what am I supposed to get out of it? Is it supposed to make him look more human to me? But I don't need that. Like I'm okay. I know he's there for a job and I'm okay with that. I don't know that it helps me. The major thing at the time is I don't know what to say, so I just sit there and nod. I just feel awkward.

Stagnant change efforts. The final source of resistance attributed to counsellor behaviour involved stagnant change efforts. Participants perceived their counsellors' attempts at facilitating change to be stagnating when the explorations become repetitive, fatiguing, and unhelpful in meeting the identified goals of counselling. In these situations, frustration gradually developed and motivation began to wane. For participants who had a limited number of sessions to work on their issues, they experienced the counsellors' patient approach to be stifling the change process. Cara remarked:

> What I'm finding is the rhythm of my sessions with this person are very different. There's a lot of setting up the tone, what's happening, and it takes us a while to get to the crux of the matter. We need forty-five, fifty minutes just to come to the point, and by that time it's time to go. It seems like at five to the hour, she asks me a question or I say something that is sort of like, "Well that's what we should be talking about." Like, we've gone over the hour, so it's really hard at that time to say, "Okay, what should we focus on?"

Likewise, Jane desired a shift from her counsellor's exploratory approach to a more action-oriented approach. She found that the constant, unfocused explorations had become unhelpful in producing her desired changes and she was no longer motivated to attend or participate in her counselling sessions:

> Yesterday, I didn't want to come to the session. I just didn't want to be there. In the beginning [sessions], I wanted to be there because I wanted to get this stuff fixed, but yesterday I didn't feel like things were helping. I [just] don't feel good coming to the sessions. Every time you come, it's all just bad things that you talk about and I don't want to do that anymore. In the beginning, it was great to talk to an objective person about your feelings and you get things off your chest and you feel like you're dealing with it in a way, but now I don't need that so much as I need a plan of action. I just got to move on from this. I feel like I'm just stuck right now. I'm tired of just telling my story. I just got to do something. The idea that getting it off your chest and talking about all these things is good in a way, but then at a certain point it's not a help anymore.

Thus, participants' covert disagreements with various counsellor behaviours were clustered to produce a third origin of resistance. Perhaps due to the interpersonal nature of this category, it seemed that the resistance stemming from perceptions of counsellor behaviours functioned more to protect self-autonomy than to protect self-identity. However, in many cases, the power differential in the counselling relationship discouraged participants from directly confronting the counsellor regarding their disagreement with the counsellor's behaviour. Instead, many participants preferred to overtly defer to the counsellor's authority but covertly resist it.

How is Psychological Self-Protection Manifested?

Participants described numerous and varied ways in which resistance was manifested in their sessions. Their accounts can be clustered according to the manner in which they resisted in session, and the type and amount of information being communicated to the counsellor.

Through Different Styles

The first category cluster of resistance underlying the manifestation theme is the style of resisting. This cluster involved the manner in which participants demonstrated resistant behaviours. They included the categories of thought censoring; emotion censoring; limit setting; last-minute disclosures; discounting and confronting; forgetting and guessing; reporting; counsellor stroking; counsellor matching; emotional display; and task disengagement.

Thought censoring. A verbal manner of resisting in session that many participants endorsed involved covert censoring of thoughts. The different variations of this behaviour included evasiveness and holding back information, screening out or downplaying certain details within a disclosure, selectively attending and responding to counsellor questions or statements, and alternating from one topic to another in a disjointed fashion. Jane, for example, willingly held back information that she perceived to be inappropriate to reveal to her counsellor during a discussion about her husband. In doing so, she protected her value system and stopped herself from feeling vulnerable:

> If I define resistance as not wanting to say something, there have been a couple of times like that. Where I didn't want to say what I really was thinking because I didn't feel like it was appropriate or I didn't feel comfortable enough to say it. I remember talking about my husband and I felt kind of uncomfortable talking about somebody who's not there and [about] something that might affect that person. It might be pertinent because it affects me, but I just didn't feel like I wanted to mention a certain thing because it's not only me that it's about. I didn't outwardly say I don't want to say something. It was just in the back of my mind, that I held back from saying something.

Likewise, Ike acknowledged voluntarily censoring certain details regarding her family life because to do so would have threatened her respect for family privacy:

> There are so many things that have gone on in my family, I certainly haven't said everything [to my counsellor]. The relationship with my mother, things that I sometimes really think and feel about her in my heart, I haven't said [in session] because I think well, that's not right to think that about your mother. So I haven't really been truthful in that respect because I think it's not something you voice out loud. I have this idea that it's wrong. There were just things growing up that really upset me and made me angry but I don't dare voice those because in my mind I think my brothers and sisters don't think like that. I don't know if I didn't want to [voice them], it's just that I felt that I shouldn't.

Emotion censoring. A closely related style of manifesting resistance involved suppressing expression of certain emotions during in-session explorations. By censoring these emotions, participants protected the self from feeling vulnerable. For example, with interpersonal concerns about protecting her new self-image and about possibly offending her counsellor, Sam held back from expressing her full emotions in session:

> Counselling has been going good [but I've] run into a bit of a snag, for two reasons. [We've been] dealing with anger. It's normal for me to use very vulgar language, [however] I'm trying to change my self-image and how I come across [to others], so there is a barrier there. Plus with my counsellor, I didn't know how comfortable she'd be or if it would be offensive to her [to hear vulgar language], and I wouldn't want to offend her. So there was a bit of a barrier there. I felt I was holding back when I was dealing with some of the issues of my parents. I think that in a way it kind of stopped a little bit of the anger, because for me it's so natural when I get angry that the first thing that comes out is to be vulgar.

Similarly, Sam described her censoring behaviour as "masking" her actual fears in the moment. While she may have continued to communicate with her counsellor, her disclosures avoided emotional authenticity and, as such, protected her from the intrapersonal threat of confronting her fears:

> I'm very good at masking when I'm afraid of something. I can talk about it and still mask how I'm actually feeling. I try not to in sessions, but I do it so naturally that there's a lot of times I do it and I don't even realize I'm doing it until after the fact. Like I really don't want to do it here, because if my counsellor doesn't see the fear, then how deep are we getting?

Limit setting. Jane related engaging in a more overt and direct form of censorship by setting limits on the topics to be discussed with her counsellor, thereby protecting her autonomy over the session process. She further indicated that her resistance included both intrapersonal and interpersonal determinants:

> There have been incidences where I have said, "I don't want to talk about this thing." There was one incident where we mentioned intimacy and I just didn't feel comfortable and I told him so, that I don't feel comfortable mentioning the real details about that kind of stuff. That's something between me and my husband

> and I don't like sharing that with anybody else. [That's just] part of my whole perception of marriage. There are certain things that are private. So, I think part of [the resistance] was the subject matter and also part of it was this counsellor. Like, I don't know him that well. So even though you're getting into some pretty hefty stuff when you're talking to somebody in the session, certain things are just off limits when you don't know [the person and] you're just not comfortable.

Last-minute disclosures. A style of resisting that Link engaged in at the very end of sessions was a tendency to disclose significant information when little time remained to adequately process the material. This behaviour served a dual, paradoxical purpose in that it avoided prolonged engagement with the threatening material, and thus was construed as resistance, but it also fulfilled the expected client role of disclosing personal information in session:

> I feel [resistance in] every session when she looks at her watch, and I'm just "Oh my God!" I know it's just to check so when it's time but it scares me, because I'm like "Oh, going to leave soon." I feel my heart just kind of pick up a little and then I'll just talk on anything. A lot of times it will start out slow and then I'll just go into something way deeper. [It's as if] my mind's thinking maybe we can go over in time just until I can get this off [my chest].

Discounting and confronting. Another more overt and interpersonal form of resistance related by Jane involved discounting her counsellor's suggestion to broach a new topic, and confronting her counsellor about their overall lack of progress in counselling. It appeared that discounting and confronting helped Jane establish the direction of the counselling process, thereby protecting her sense of autonomy:

> I didn't want to be there [this past session] and I told [my counsellor] that. We were talking about different subjects that we haven't spoken about before [and] I brought up the fact that [counselling] is going to be over soon and what's going to happen after that? I don't feel like I have that plan yet of what I'm supposed to do. I don't feel like things are really resolved. So I guess [the session ended with] a bit more talking about what's next, as opposed to just waiting for next session to bring something else up. It was more of a poignant "Let's do something." I have to feel like … I need a plan.

In another example, Jane discounted her counsellor's attempt to normalize how she responded to a work incident because she perceived her behaviour to be outside the parameters of normal behaviour. In this example, the reciprocal behaviour of discounting and confronting helped protect and maintain how she typically makes sense of the world:

> We talked about a specific incident that happened at work. I had [personal] plans that unfortunately got changed [because of] more work. I ended up breaking down and crying about it, and I think that's an extreme reaction. My plans were no big deal, but I ended up having to go to the bathroom to cry about it. I thought that was not a good way to deal with things but according to my counsellor, he just thinks it was a natural, normal sadness. You feel sad because you had plans. I disagreed in the sense that he says crying is normal, but I don't think it's normal.

Forgetting and guessing. Being forgetful about past material and guessing a response was perceived as a covert and intrapersonal way of resisting. Dusty revealed an instance in which he could not accurately recall his feelings around a past incident, so he attempted a guess. While Dusty described his forgetfulness as legitimate, it was identified as resistance because he acknowledged the possibility that his inability to recall feelings was an unconscious strategy to protect him from psychologically painful memories:

> [I have difficulty remembering] some of the feelings I was feeling at the time. It's hard to remember because I have stuffed it for a lot of years. I think a lot of it was unconscious. Like I was carrying a lot of pain but some of the other feelings, like self-hatred, were not conscious thoughts at that time. Initially, I started to say how I thought I was feeling … kind of guessing, more or less. And then part way through I just said, "No, I don't remember. I don't really remember how I felt."

Likewise, Jane perceived her forgetfulness in completing a homework exercise as perhaps an unconsciously motivated strategy to avoid completing a task that did not resonate for her:

> [Last week's homework assignment] was a total failure on my part. I did it the first day, maybe wrote down one or two things, and then kind of forgot. Then work came in and I was just too busy last week. Maybe it's all excuses, but I just forgot about it and just didn't do it. Maybe it's because I didn't quite understand why I was doing it, or I didn't think it was important, or I just didn't have the

> time, [but] that didn't work. I don't know what it was for, but I didn't do it. I wasn't keen on it because it was kind of going to interfere, but I didn't on purpose not do it. Like I was going to do it. I got myself a little notebook to carry with me. I had it. I was going to do it, I just ... didn't.

Reporting. An overt style of resisting that was identified by participants as a casual and superficial way of disclosing information in session was labelled as reporting. Sam described an instance in which she discussed a meaningful topic in a matter-of-fact manner, thereby creating emotional distance from the counselling issue and protecting her self-identity. This behaviour also led to an overt disclosure that set limits around what Sam was prepared to explore:

> [This past session], I had veered off again. Pretty much the whole session. Willingly ... yes. Chicken ... big-time. We talked a little bit about the molesting but not really into detail or feelings about it. More or less just admitted that it did happen. Finally I just said, "Look. I'm not ready to deal with this. I'm not going anywhere with this."

Counsellor stroking. An indirect way of resisting endorsed by participants involved communicating an overly favourable perception of the counsellor. The behaviour was understood as a way for clients to avoid disclosing their genuine perceptions of the counsellor that might be negatively perceived and perhaps weaken the therapeutic relationship. In this respect, stroking the counsellor's ego helped protect the client from the anxiety of being honest. Ike related the following:

> There's [this] questionnaire [that you fill out each time] about how you felt your counsellor did today … I didn't like that. If there's something negative, I would hesitate to say because I would think, oh jeez, [if my counsellor] reads that, she's going to feel bad and that might affect our next session. Nobody likes to hear a negative thing about themself, unless it's done in a very nice way. Like, their asking us to answer a personal kind of question [about our counsellor] and then give it back to the counsellor. I don't think you're going to get an honest answer.

Counsellor matching. For some participants, disengaging from the counselling process served as an interpersonal and reciprocal response to the counsellor's in-session behaviour. For example, Cara's in-session disengagement was a mutual pulling back and restraining of her emotional processing in response to her perception that her counsellor had become emotionally disengaged. So Cara's resistant behaviour seemed to be in reaction to her perceived counsellor's resistance:

> I've noticed a reluctance on my counsellor's part to get too emotional or too intense, to try and keep things at sort of an intellectual level. It's okay to be emotional but let's bring it right back to the issues. I'm thinking it's maybe a discomfort on my counsellor's part with the way I want to process things. So, in terms of resistance, I'm sensing it on their part in that they're not encouraging this kind of emotional process, [but] also they're not stepping in and saying, "Look. Let's try and keep things on track." This [counsellor's] sitting back. They're sort of relying on non-verbal. What I'm sensing is I want to talk about this [but] this person is not saying anything, not asking questions, or not even saying, "That isn't relevant. Let's move on to something else." They're not being very forward about their intentions, and I'm sort of seeing that as a discomfort or a kind of pulling back from what's going on. On my part, it makes me react in the sense that "Oh I have to restrain myself," or pull back and say, "Maybe I can't do this."

Emotional display. Participants, like Grizelda, perceived themselves being resistant through the emotional behaviour of crying. As Grizelda remarked, "When I feel danger, I shut down and cry." For her, increased displays of sobbing served to offset deep exploration of her issues, thereby protecting her sense of self from the threat of becoming overwhelmed:

> Physically, I just had that total welling up of emotion. I get tightness in the stomach, that feeling of emptiness, and then that overwhelming feeling of emotion. That's what brings out the tears. It's like a welling. The first time I felt that sort of overwhelming [feeling] was when I had my first child and seeing her. You just get this overwhelming emotion of love that you have to like catch your breath. I don't normally cry [but] since I've been coming to counselling, I've been crying more and more, and maybe that in itself is resistance. Resistance is this welling up of emotion [that] is not allowing me to fully take the next step. I'm retreating again. So it's a resistance to that feeling.

Task disengagement. Participants were observed to covertly disengage from certain proposed counselling tasks as a style of resisting. Ike reported that, at times, the tasks proposed by her counsellor did not appear viable and, as such, did not resonate for her. In these moments, Ike described covertly disengaging from her commitment to attempt the tasks, thereby protecting her autonomy and capacity for self-determination. Interestingly, while Ike acknowledged that she typically was aware of her disagreement with the tasks immediately after they were proposed, she nonetheless deferred to her counsellor in the moment by giving the impression that she was committed to the tasks:

> Sometimes I think about what [my counsellor suggests] and what I'm going to do, and sometimes I think about if I'm going to do it. Sometimes I just know I'm not going to do it. [So, in the session,] I think about it and I go yeah, that's never going to work. [I go along with it in session] because it's easier to give the impression that I'm going to do it [than to] get into a whole lot of different issues to explain why I wouldn't do it.

Thus, the category cluster of different resistance styles portrayed numerous ways of resisting in counselling. These styles of resisting included a fairly even mixture of overt and covert resistant behaviours and were observed to closely fit the individuals' overall personality. For example, those clients who were more introverted responded with indirect behaviours (e.g., thought censoring), while those who were more extroverted responded with direct (e.g., limit setting) behaviours. However, other than employing limit setting or discounting and confronting, the different styles of resisting seemed to be of the indirect variety. It was more challenging, though, for participants to identify which behaviours were derived consciously or unconsciously, and interpersonally or intrapersonally, as participants typically declined to endorse either with any certainty.

Through Verbal Content

The second category cluster of resistance underlying the manifestation theme is the type of information being disclosed to the counsellor. These categorical types included superficial talk, intellectual talk, and small talk.

Superficial talk. Superficial discussions involved topics that were peripheral and indirectly relevant to the client's presenting issues. For example, Gary recounted how a topic of minor importance seemed to garner more time and attention than it deserved. The implication underlying Gary's behaviour was that by consuming session time with a topic of minor importance, the more important work of counselling was being avoided:

> I wasn't happy with the last session I had, just because I had ranted and raved about something that [I] really shouldn't have. It was pretty minimalistic on the large scale of things. It should have been about a five-minute conversation, instead it ended up being a sixty-minute conversation. And it's taken me a couple of weeks of looking at it and going "What a waste of time that was." I think, because it was aggravating me at that particular moment, I made a big production out of a little thing. I made it too big an issue for what it really was.

Intellectual talk. Another type of verbal content resistance related by participants was discussion content that generated little meaning and that unfolded at an abstract level. Cara characterized her final counselling session as unusually cerebral in that little affective work occurred. Again, the implication underlying Cara's behaviour was that by communicating at an intellectual level, emotionally meaningful communication was being circumvented:

> I came in to the session [not] feeling open to touching on anything really important, [at least not] at an emotional level. I tend to cry a lot when it's something very important, and in this session I really didn't cry until the end. It was very cerebral. So, in thinking about the word resistance, I think that could be used in this case, in the sense that there were things that I wanted to talk about but I'm not sure if I was at a point where I could or I wanted to.

Small talk. Resistant behaviour was also perceived through conversation that was idle, trivial, and irrelevant to the client's stated purpose for initiating counselling. Link, for example, used small talk at the beginning of each session to avoid direct submersion into his issues. Conversely, in doing so, Link gradually and in a non-threatening way became acclimated to the counselling process. Thus, while the short-term effect of his behaviour appeared detrimental in that he avoided meaningful communication, the long-term effect seemed beneficial in that he was able to engage and maintain meaningful communication for the remainder of the session:

> In the beginning, I'll talk about really dumb stuff. Like, "I can't believe I just talked for fifteen minutes about stuff like that." [That happens every session].

> Generally the first fifteen minutes are just blah-blah-blah. Just to feel I can open up, because I don't feel I can just – "Well about last week, when we were talking about …" – I can't do that.

Thus, the resistance content cluster of the manifestation theme described three overt disclosures that were construed as resistance by participants. The categories of superficial talk, intellectual talk, and small talk appeared to reflect indirect methods of avoidance. In practice, however, counsellors could infer the existence of these behaviours through observation because they involved an overt manipulation of the information content.

Through Verbal Quantity

The final category cluster of resistance underlying the manifestation theme involved manipulating the amount of information being disclosed to the counsellor. Included in this cluster are the categories of verbosity and minimum talk.

Verbosity. Paradoxically, a way in which information became limited was through continuous talk. As Grizelda described, a deeper exploration of her disclosures was avoided by being verbose, thereby protecting her from threatening issues:

> I spent a lot of time talking about myself, just verbalizing everything, not really giving a chance or opportunity to question what was said, and maybe evading certain issues that I was afraid might come up.

Jane also identified verbosity as one of her in-session resistant behaviours. Yet, rather than endorsing avoidance of a more meaningful exploration as its purpose, she justified her autonomous behaviour as meeting a need to ventilate the many thoughts that consume her consciousness:

> When I'm in [session], I just talk and talk for some reason. [My counsellor said that because I talk so much in session,] I skip over things that ring a bell to him. I talk and talk because there's tons of stuff that I'm thinking about.

Minimum talk. At the opposite end of the verbal quantity continuum, participants observed information being consciously restricted by minimizing talk. Jane, for example, curtailed her disclosures in order to avoid the possibility of ending counselling with unfinished business:

> [Yesterday], there was reluctance in a lot of things. I didn't want to sit there and try to come up with the answer myself. I just wanted [my counsellor] to tell me what he thought and I would modify it myself [on my own time]. I know that I didn't want to talk. I just didn't want to say much at all. I didn't want to open anything else up. I wanted to have no loose ends and I just wanted to end this with him. I didn't want something left open that I would feel like it wasn't dealt with.

Likewise, Link consciously avoided discussion of new and meaningful topics because he was concerned that insufficient time remained to adequately address these issues:

> Today, I think I found resistance in the sense that when I [learned at the beginning of the session] that there was [only] three weeks left, it kind of scared me. I found myself starting to develop a barricade around [me by] just covering the topics that we've already gone through. Not trying new stuff, because I'm afraid that we'd run out of time and I'd still be trying to solve it. [I wanted to address what I was feeling about there being only three weeks left but then I] thought the session is almost over, you know.

Thus, the third category cluster of the manifestation theme that emerged from participant descriptions involved two extreme ends of information quantity. Clients manifested their in-session resistance by managing and perhaps manipulating the amount of information disclosed to their counsellors through verbosity and minimizing the amount of information disclosed. These forms of resistance may be rather overt and distinguishable for counsellors, and may be derived interpersonally or intrapersonally.

What is Affectively Experienced with Psychological Self-Protection?

Included in the participants' verbal accounts were descriptions of their in-session affective experiences of resistance, broadly identified as a form of discomfort encompassing feelings of anxiety, frustration, and the divided feelings associated with ambivalence. These feelings appeared to disrupt how participants were experiencing and processing counselling. Since they were generated automatically and pre-reflectively, participants related that they only identified their emotional experience as linked to the phenomenon of resistance upon reflection. Most described the emotional process as a feeling of discomfort building over a brief period until an idiosyncratic point was reached that motivated participants to alleviate the discomfort and protect the self-system through resistant action.

Anxiety. Underlying the feeling of anxiety were general and specific fears about self and other that escalated to a point where some participants experienced a sensation of panic, also related as a feeling of being overwhelmed. Experiencing panic automatically launched the participant's protective tendencies into action, well before the conscious mind had made sense of the experience. Sam vividly depicted, on a visceral and emotional level, the experience of panic associated with her resistance:

> When I feel we're getting close to something, where the inner child doesn't want me to be, I feel it. I feel a panic inside me. I feel myself closing in around myself, putting my protective shell on. It's part mental, but I can actually physically feel it happening around me. My muscles will start tensing. I will start getting a panic sensation in the pit of my stomach. I'll start fidgeting, switching sides, crossing and uncrossing my legs, sitting up, sitting back. All the signs of being uncomfortable. I try very much to listen to my body because [I believe my] conscious mind is receiving things at a faster rate than I'm processing them. So, there's a reason why these warning signals are going off. As soon as I start getting tense stomach, a panic feeling in my stomach, it's automatic. I don't think about it. I put the walls up around me. It's something I just do. It's a reflex.

On the milder end of this experiential continuum were instances in which a subtle sense of anxiety was experienced that did not prompt participants to take action at that moment but became a building block for later action. Cara, for example, decided not to act on her experienced discomfort in the moment but acknowledged the potential of it leading to an unproductive session:

> I find I'm very resistant to social masks that people put on in a counselling session. When I see it appear, then I feel very much like I just want to stand back and say, "Okay, I'll just wait this out until it drops." And if it doesn't, then I feel very uncomfortable. This is not going to be productive.

Frustration. Participants also named the feeling of frustration as accompanying their in-session experiences of resistance. Frustration was observed to emerge from participants' avoidance of personal issues, from participants' suppressing their individuality to fit the counselling structure, or from the perceived lack of counselling progress. Given that her counselling was coming to an end, Jane became frustrated with the lack of connection between her in-session revelations and the generation of a solution to her counselling issues:

> Yeah, frustrating is the word, because there were revelations that came up and I'd say, "Oh yeah, I did do that when I was young," or "I do connect my feelings a lot with my husband's feelings," but in a way I know that already. That's fine. Great. What does that mean? How does that help me to know that? Does that mean that I shouldn't pay attention to his feelings, or what? Like, we don't have a lot of time to play with that and deal with that issue.

Similarly, Cara described limiting her expectations of her final few counselling sessions because she was feeling frustrated that few sessions remained but much progress still needed to be achieved with her issues:

> Two more sessions. It's like, "There's only a finite number of more times that we're going to see each other." And so either certain inhibitions fall or certain expectations fall. For me, I can't expect that much now. I'm not going to change. Our relationship is not going to change. I'm not going to solve anything huge. I think that the most I can hope is that I will get some small insight that will lead me to reading books on my own, or rethinking the way I've interpreted past events, or maybe just being more self-aware in certain contexts. So that's the minimum I expect from the two sessions. It's not without some frustration that I see that there's two sessions left.

Ambivalence. Another described affective experience of resistance was a sense of ambivalence about being open and trusting with the counsellor, and about relinquishing some control over the direction of counselling. Ambivalence was conceived as a simultaneous attraction toward and repulsion from a particular process. The opposing feelings associated with ambivalence seemed to include feelings of anxiety and frustration. On the continuum of experiencing resistance, ambivalence appeared to be a middle-ground experience in that participants' internal monitoring of self had not reached the idiosyncratic point where one is motivated to take action but sufficient discomfort was noticed, nonetheless. For example, Link experienced ambivalence about entrusting deeply personal information to an individual he did not know very well:

> I still feel a slight resistance because I see her for an hour on the week and there's a lot of other hours that she can slip up and say stuff. Like, "You think you have problems, you should see … ," you know? I know she wouldn't. I trust her in that way, but there's still part of me that [thinks] okay, I've hidden all this stuff for so long and now I'm telling this person that I know by name, but that's all I know about her.

Jane's ambivalence was expressed in terms of a struggle between trusting her counsellor's direction and maintaining her autonomy:

> It seems that we're still working in the broad sense. I feel like there are separate, specific issues of my personality that I'd like to work on. I think, overall, we're both working towards the same goal, but the little specifics I'm not so sure about. I don't know what specific goal I'm actually working towards right now. So in that way, I guess I have to trust that he knows, that asking me to do this [task] is ... hopefully I'll do it, if it's a good thing. Um ... so right now, I trust that … isn't it funny though how I say I don't want to play these games but I'm trusting him? Like, I want to do it but I don't want to do it. [I'm placing trust in his expertise] and that would put me not in control. I said [to my counsellor], "Just tell me what I'm supposed to do," but I don't really want that. I don't really want anybody telling me what to do. I [just] wish I could quickly find the answer in myself.

Cara experienced ambivalence about narrowing the session focus to a particular topic:

> [My counsellor and I have discussed] the topics that I want to explore and my ambivalence around choosing [one]. There have been situations where we sort of said, "Okay, so what do we want to concentrate on? And what is reasonable within the amount of time that we have?" [I feel ambivalent about choosing a particular issue because of] the time. I really don't have the luxury of time, and also the issues that I'm trying to explore right now sort of interconnect. There's nothing that I can separate and say, "This is what needs to be worked on."

Thus, aspects of participants' in-session experience of resistance were identified and clustered as an affective experience. Feelings of anxiety, frustration, and the emotional uncertainties of ambivalence emerged from participants' descriptions and were closely linked to the self-protective function of their behaviours.

How is Psychological Self-Protection Addressed?

Emerging resistances were addressed in an effort to resolve and move the counselling process forward. Participants cited many examples in which in-session resistance was dealt with, both in and out of counselling. According to participant accounts, counsellors and clients separately and collectively made attempts at addressing the observed and the experienced resistances. One such approach to addressing resistance in counselling involved a collaborative effort between client and counsellor. This collaborative effort took the form of a clarifying and open discussion, or process-talk, about how the client and the counsellor communicate and work together in session.

Process-talking. During instances of resistance, participants observed that when client and counsellor took time to process the relationship through a discussion of their ways of working together, a clearer understanding of each other's expectations for counselling and a compromise on a preferred working style was typically achieved. Correspondingly, this collaborative effort appeared to resolve the resistance and strengthen the working relationship. Sam exemplified this dyadic discussion as follows:

> [This past session], I etched around and I etched around [an issue]. Towards the end [of the session], I said [to my counsellor], "I think I'm just kind of doing a dance step here." She said, "Ok, let's form a game plan right now, so that when you come in next [session] we'll stay on track. We'll have our quick little chit-chat about the week, and then let's get into the meat of this." Okay, I like that. [But] I said to my counsellor, "There's going to be times you're going to have to just push, because I'll get to hurdles and I want to go over but I'll resist going over because of the fear and the pain and … I've lived this way for so long." I said, "Push me a bit." And she said, "Well, you've got to give me a signal. We have to come up with a way of you letting me know that I can't push you any farther." And I said, "Oh, you'll know." She has learned that when I start side-stepping or talking about but around the subject, she just kind of backs off and gives me time.

In the following example, while the process-talk did not appear to directly resolve her resistance to using vulgar language in session, Sam indicated that it seemed to spawn a helpful discussion about alternative ways to explore emotions, such as journaling:

> We talked about [my difficulty getting in touch with the anger and the pain in the last couple of sessions], and she said she felt that I was holding back. She wasn't sure if it was per se the language, because I think she expected me to be more verbally blunt and vulgar and it wasn't there. She said, "Yes, I felt [from] your facial expression that you were holding back and I wasn't sure if it was for me." I asked my counsellor if it would really be offensive to her [if I were to use vulgar language in session], and she said, "No, it's alright." She gave me a verbal okay that it's not going to make her feel uncomfortable and upset her. And it went a little bit better but not a lot. Like there was the odd word that would come out. I think what we did was just kind of let the issue be there but talk about it, and then I was able to tell her about the writing aspect, and she agrees that [writing is] going to help me release a lot of things.

Jane described how an open discussion with her counsellor about the remaining sessions helped provide a direction for their work together:

> I brought up [the time issue] yesterday because I felt like if we went on the way we were going, I would leave here thinking, so what? What did I really learn? [So my counsellor] gave me alternatives. Did I want us to work on a plan of action, or did I just want to keep talking basically for the next two sessions? And I'm much more comfortable knowing that we're going to work on something specific. I finally think that there's a purpose.

Lastly, Cara's process-talk during the middle stages of counselling seemed to alleviate a concern for her about how her counsellor perceived Cara's participation in their sessions:

> We discussed our relationship. I wanted to check in with her and see if I was being too dominant, if I was like forcing the sessions in a certain direction. So I raised [the issue]. I think I was feeling like if it didn't get addressed, I'm not sure if I could have proceeded comfortably because it was just sitting there between us. She said, "Well, what's wrong if you lead?" So we had a little talk about that.

Through Counsellor

While counsellors were not interviewed in this study, participants believed that their counsellors attempted to address observed resistances in various ways. Through the many descriptions related by participants, certain commonalities emerged in terms of counsellors' respecting, challenging, and exploring the resistances.

Respecting. Participants experienced respect for their resistances through counsellor behaviours of "backing off" from the particular discussion and validating, accepting, and normalizing clients' readiness for change. Respecting the resistance served to reassure participants that the counselling process would move at their own pace. In doing so, participants seemed to experience a greater sense of trust in their relationship with their counsellors and a greater sense of control over their counselling. For instance, Gary's counsellor used metaphors and analogies to validate his resistance:

> One issue that we talked about, we kind of decided that I wasn't entirely ready to get all the way into it but we'd come back to it. It's an issue that still makes me mad now and I don't think I've got all my anger out yet to look at it rationally. I think I'll be upset with it a little longer until I can actually see it for what it is. [My counsellor] related it to having boxes of things, like a storage room. [She said], "Sometimes you've got to keep the boxes around a little longer." It was good [to hear that]. I always thought I was hiding my anger and now it's like, "Yeah, it's okay to be upset about that." I think it's a matter of understanding that when it gets you so hot-headed, it's hard to understand it because you're not really seeing it for really what it is. You're just kind of upset.

Challenging. Some counsellors appeared to directly challenge resistances by raising the participants' awareness regarding perceived incongruencies in their disclosures or in-session engagement. These counsellor challenges, though, were often observed to occur in a respectful fashion. Sam, for example, described her counsellor encouraging her through gentle reassurance to continue working on her issue:

> For blockage, there wasn't really a lot, but when it did come up, I got that gentle push to make the next step. The gentle reassurance that it was okay and I'd be safe and I wouldn't be left hanging. So that was a big thing, because when I wasn't really sure and I couldn't totally rely on myself, I had that gentle push

> from behind. My counsellor saying, "Yeah, it's okay. We can take this one step at a time." [And] there we were … making that step, yet I wasn't being forced to say things that I wasn't ready to. It was very gentle, very safe. [She also reassured me that] if I find it's too hard for me, if it's hurting for any reason, I am the judge, I can stop at any time. [It] isn't cast in stone that it has to be done [next session].

However, indirect challenges, in which counsellor probing questions were reformulated in an effort to access client information, were perceived as transparent, did little to attenuate the resistance, and perhaps weakened the client-counsellor bond. Sam's counsellor challenged her on a particular issue that she seemed to be avoiding but then demonstrated respect for the resistance when the attempt at challenging her resistance was unsuccessful:

> Last night was the first time we got into it since I [first] felt the blockage or resistance. My counsellor tried to come around at it at a different angle and bring up different topics that were connected but in a different way. I tried to see if going with the questions, going a different route would change anything. She tried a bit of that and it was like, "Whoa, stop sign. Right here, right now. We're not going there. Hang on, counsellor. We've got to back off here." That's when I picked up on [it], [that] these are the same questions coming at me and I'm not ready to deal with them, and then we just kind of left it and we went on to another topic. She was really good about backing off, [and] she said we'll come back to it. The big thing was she reassured me. And I guess I really needed it, because I'm not on a time schedule. That was really good for me because I have a tendency to push and push and then I start getting angry. That comes back to being resistant. It frustrates me [to] know I'm resisting myself. With my counsellor persisting on throwing these questions at me, it gives me a challenge to challenge myself.

Exploring. Another approach perceived as helpful involved attempting to understand the resistance through exploration of the expectations, fears, or counsellor behaviours that may have been underlying the resistance. Sam recounted an instance in which her counsellor helped explore the fear assumed to be feeding her resistance:

> [When confronted with] the minor fears, my counsellor has used [this approach] where we've left the initial topic and talked about the fear – why the fear is there

> – and if she can help me feel the fear or deal with the fear, sometimes we can take little pieces [of the issue] off the shelf and get back to it, but normally we deal with the fear and that it's okay to feel fear. It's an emotion that I haven't dealt with or felt [before] because I just blocked it. I think that's the biggest thing that my counsellor does with me when I fear the feeling. Like saying, "It's okay to feel them. It's really human to feel them." That has given me the courage that if I really start to shake, if I start to get into a panic situation, she will stop, she will realize it, she will help me deal with that panic situation. So it's given me confidence and a level of trust that I know she's there for me. Should something go that I can't control emotionally, she's there and she's not going to abandon me to deal with these emotions [on my own].

Through Client

Similarities also emerged in participants' attempts at addressing their resistances on their own in terms of respecting, reflecting, and rationalizing the resistance.

Respecting. Despite desiring change and goal attainment, participants were observed to typically respect their resistances because they seemed to understand that by alleviating momentary feelings of discomfort and protecting the psychological self, their resistances served a purpose. Sam indicated that she respected her resistance by pausing and stepping back from the immediate issue:

> There comes a point in time when you're dealing with pain or your dealing with a blockage that you just have to step back from it and re-evaluate. I started realizing in my own head, "Are these really important issues right now or are we just doing a dance step here? Yes, they're important, but are they as important as you think they are?"

Reflecting. Resistances, however, that were tied to well-ingrained and long-standing ways of being required intense reflection outside of counselling on the resistances experienced in session. The deconstructive process of reflecting provided participants with the time and space needed to make sense of their in-session experiences at their own pace and return to counselling with a clearer understanding of self. The resistance appeared to provide an opportunity for reflected self-understanding, thereby allowing participants a greater sense of control over their change process. Sam reflected on the possible reasons for her resistance:

> I really started to think about why that resistance is there? Well for 42-years, you protected her. She had no contact. Now you want to open her up to the world. She doesn't know how much of a gateway you're going to put in, if she's going to have control of stopping that gate from being opened. Now the physical I can take on, but the emotional, because it's new to me, scares the living snot out of me.

Rationalizing. Participants also addressed their resistances by being reflexively rational. Rationalizing engages logical thought and reason to understand an experience based on a perception of external reality. However, rationalizing resistances did not appear to be an effective approach when the emotions surrounding the experience had become overwhelming, because the participant was far too emotionally engaged to take an objective-like stance. Brad rationalized his experienced ambivalence about revealing the details of his unusual background to his counsellor:

> I felt if I'm going to be honest, she's going to hear [my story] with both barrels. I processed it in my mind first. I went through the arguments - well should I, is it important for her to know? And then [I] just swallowed my pride and let it come out. [I felt] uncomfortable because it's hard to tell people. It's not a very pleasant period in my life.

Likewise, Ike rationalized her resistance to disclosing private financial details to her counsellor, thereby resolving her resistance around discussing personal finances:

> I was trying to figure out [my resistance] when I was walking home. I thought, well okay, she is professional. I'm sure she's not the type of person who's going to sit down at coffee break with her co-workers and discuss Ike's finances, because who really cares anyway? She's somebody that's trying to help me, so she's not doing it to be snoopy. I sort of rationalized it – this is her profession, she seems like a trustworthy person, what is she really going to gain by blabbing whatever I said to anybody else, and who the heck else would be interested? I am not that important that they're going to have a big coffee break and discuss what Ike said. So I kind of rationalized it that way.

Thus, the ways in which resistance was addressed in counselling were clustered on a collaborative level as well as on an individual level. In either case, respect for the resistance was foundational in that it was a necessary, but not always sufficient, condition for successful resolution of participants' resistances.

Synopses: Psychological Self-Protection for Participants

Psychological self-protection embodied the meaning and significance that resistance held for participants. Psychological self-protection in relation to self-identity and self-autonomy was the main function of resistance and constituted the core category in this study. An interpretative understanding of participants' experiences of protecting their self-identity and self-autonomy are summarized below.

Link's sense of self-esteem and psychological integrity was perceived at risk when he disclosed personal and private information to his counsellor. Not knowing if the information would be kept in confidence, if he would be judged for his past, or if he would be abandoned after a period of time, Link's resistant behaviour served to safeguard the self from the perceived threat of betrayal, judgement, and abandonment.

Dusty's long-standing coping mechanism of repressing painful emotions of the past was a familiar and effective way to maintain his immediate level of functioning and construction of self. Dusty was fearful that in exploring the past, relative to his issue, he would re-experience similar psychological pains, become overwhelmed in session, and be unable to collect himself. So resistance served to protect him against revealing more than he believed he could handle, thereby maintaining a certain level of control and autonomy.

Through counselling, Jane feared the fundamental alteration of her known self for the unknown. Her scepticism about counselling tasks, the counselling process, and her counsellor's style fostered her sense of free will and self-determination. Blindly following her counsellor's lead on tasks that appeared manipulative or lacked a clear purpose would have been a fundamental shift away from her value system. By resisting engagement, she remained faithful to her autonomous self and protected her self-identity.

Gary found that acknowledging his perceived faults to another made them more real, so he engaged in avoidant behaviour when he sensed his self-concept in jeopardy of being self-maligned. In other words, resistance served to protect Gary from his critical self. Moreover, the prospect of experiencing intense emotion in session generated anxiety about feeling and appearing vulnerable in the presence of another, so resistance allowed Gary to avoid this emotional discomfort and maintain his psychological equilibrium.

Brad's perception of resistance was a function of trust; trust in his counsellor's skills, trust in the methods used, trust in the counselling process, and trust that he could successfully deal with whatever emerged in session. For Brad, a lack of trust in any of these areas would naturally bring about resistance because a threat to self, to his stability, and to his freedom to choose would have been perceived. So resistance served to alert him to these breaches of trust and to the need to protect the self from feeling vulnerable.

Ike protected her selfhood and restored control over her decision-making by being evasive about family and personal information, because her belief system directed her to keep those details private, and by ignoring those counselling tasks that lacked resonance. In doing so, Ike protected the self in a indirect way by deferring to the counsellor's lead rather than risk offending her counsellor through an active disclosure, which was in keeping with her personality and maintained the familiarity and consistency of self.

On the other hand, the underlying purpose to Cara's displays of resistance seemed predominantly about maintaining direction and ownership of the session process. Her expressed reaction to not having her emotional explorations indulged in session, to being guided in a rigid session structure, and to having her counselling prematurely end was one of frustration. By ignoring her counsellor's lead at times, she was able to protect her autonomous self and re-establish control over her counselling process.

Grizelda protected her psychological self during explorations of important issues through the emotional display of sobbing. Exploration of these key areas typically led to significant realizations about self and other that she feared might become overwhelming and prompt her to "fall to pieces." Resistance served to moderate these explorations and postpone acceptance of the newfound realizations, thereby allowing her psychological self to better assimilate the new information at her own discretion.

Finally, Sam's resistances functioned to protect the self from those processes that engendered a sense of vulnerability. Sam insulated herself from meaningful in-session change out of the fear of the unknown, out of the desire to avoid unpleasant emotional experiences, and out of the need to maintain some measure of control over her change process. Accordingly, she gradually slowed the counselling process to a pace that allowed for reflective consideration of the changes being worked on in counselling, thereby improving the likelihood that some of those changes would be assimilated into being.

Thus, for the participants in this study, resistance seemed to facilitate the time and space needed to slow down the change process and assess the implications of the changes being proposed. Participants seemed to perceive resistance as a positive and healthy behaviour to engage in the course of preparing the self for change through counselling.

Process Model of Clients' Perceptions of Resistance

Based on participant accounts, a process model of resistance (see Figure 1; p. 117) was constructed to outline the basic psychosocial process that clients seemed to engage when resistance emerged in their sessions. Psychological self-protection in relation to self-identity and self-autonomy was identified as the function of resistance.

The process of resistance begins with various intrapersonal and interpersonal sources that underlie and perhaps trigger the affective experience and manifestation of resistance. The intrapersonal origins of resistance (e.g., fears related to trust and control) are as particular as the clients themselves. They further interact with the interpersonal aspects of the counselling relationship (e.g., counsellor behaviours) to add to the complexity of the resistance phenomenon.

In the course of counselling, when an intrapersonal or interpersonal conflict emerges for the client, feelings of anxiety, frustration, or ambivalence ensue, though at times without full awareness. These unpleasant feelings accompany the experience of resistance and motivate the client to activate a behaviour that will alleviate the discomfort, which at the same time protects the psychological self from the perceived threat. At what point in the interaction such behaviour becomes manifested depends on the degree of emotional discomfort being experienced by the client from the perceived threat. Resistant behaviour will be engaged once the emotions reach a point of immediacy for the individual. Moreover, much like the sources of resistance, there are a myriad of different resistance behaviours that clients can employ to satisfy the reduction of their emotional discomfort. Perhaps linked to the individual client's personality, some behaviours are more indirect while others are more direct. With the feelings of discomfort alleviated, the counsellor and client can jointly or separately address the possible sources for the resistance in an effort to understand what is going on for the client, move the counselling process forward, and resolve the potential for similar resistances occurring in future sessions.

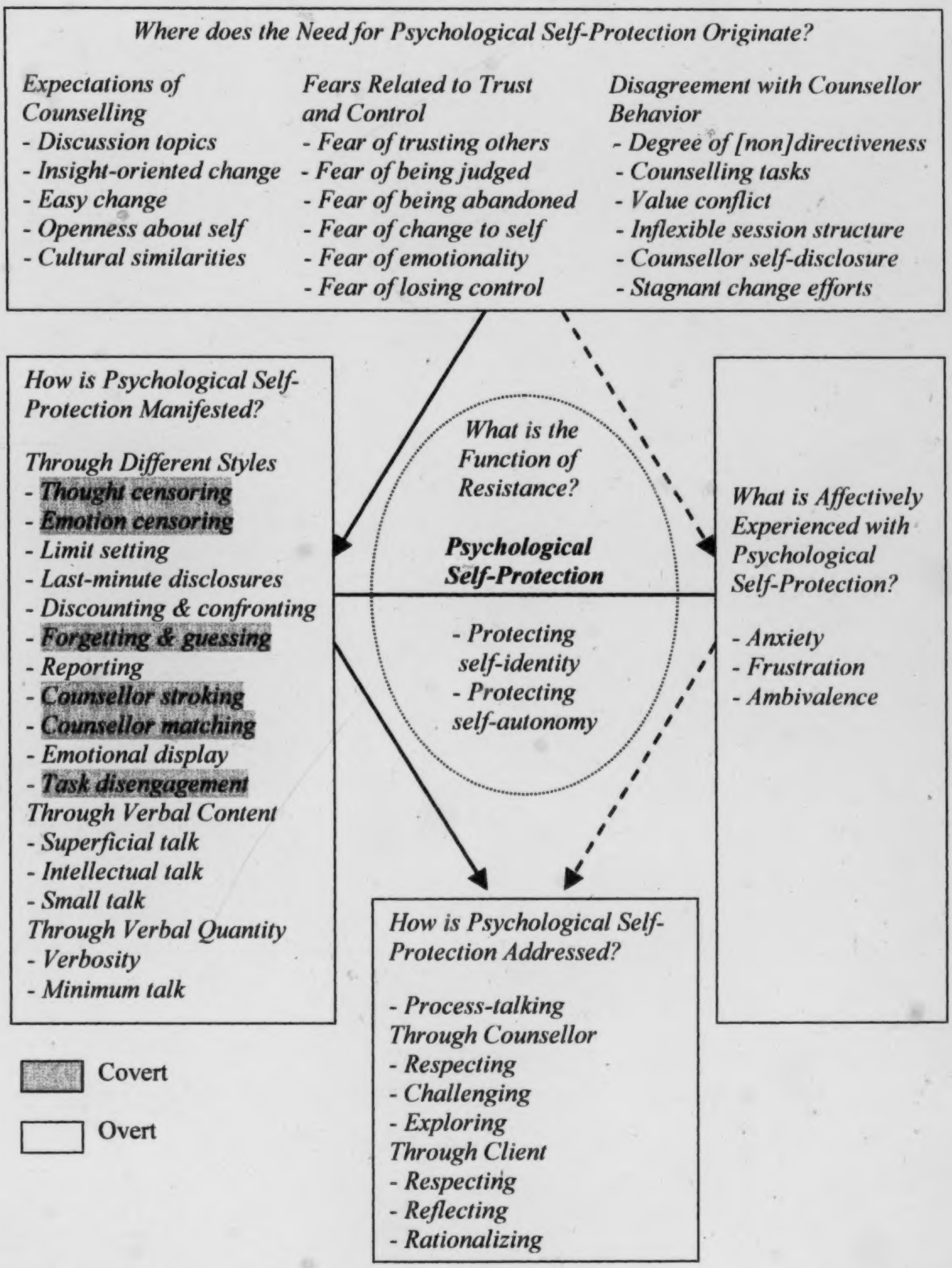
A brief application of this model to an example of psychological self-protection may help elucidate the interactive components of the resistance process for a typical counselling client. From the many participant accounts of resistance, I have constructed a typical in-session experience that speaks to the function, the origin, the manifestation, the affective experience, and the addressing of resistance:

> Last session, it seemed like we just weren't going anywhere. My counsellor was asking me about times in my life when I noticed the problem was there and when it was not there. She then asked me this strange question about what would be different if a miracle happened while I slept and all my problems disappeared. I couldn't understand why she was asking me these silly questions. I came to counselling to talk about my problems, not to play fantasy games. I started getting frustrated. After awhile, I didn't feel like playing anymore, so I didn't say very much. I just wanted us to switch gears. After the session, though, I thought some more about it and I realized that I had stopped participating and was feeling frustrated because I had no idea what was the purpose of those questions. I was in the dark. I felt like a subject in an experiment or something. I realized that I need to feel like part of the team in that room or else this is not going to work. The next session, my counsellor asked me how I thought it went last week, so I kind of told her. We talked about it for a bit and things have been better.

In this illustration, the client was feeling frustrated with the counsellor's particular line of questioning. The rationale for the type of questions posed was unclear and so the client began to feel estranged from the process. The client gradually began to limit his in-session participation by minimizing his disclosures. Thus, underlying the client's indirect manifestation of resistance was a basic interpersonal conflict or disagreement with the counsellor's behaviour. The accompanying feeling of frustration served as the emotional discomfort that eventually motivated the client to take action. The client's resistant behaviour functioned to protect his autonomy in session by retaining a sense of ownership and control over the process. With the client's emotional discomfort alleviated and the counsellor's behaviour no longer an immediate threat to his autonomy, the client was able to address and resolve the resistance episode out of session through reflection and subsequently in session through process-talk. At his discretion, reflecting on the experienced resistance out of session, developing an understanding of the resistance episode, and then sharing such understanding with his counsellor in session seemed to not only resolve the resistance but helped clarify the client's need to be an informed participant in the counselling process. In doing so, a more collaborative working relationship could be fostered that might offset future conflicts of a similar nature.

From the above illustration of the resistance process, we see that the client may hold little understanding of the emotional discomfort in the moment, other than it being a spontaneous response. A possible reason for this lack of awareness is that resistances are activated so quickly and so subtly in session that immediate emotional awareness is unlikely to occur. However, shortly thereafter or out of session, at the client's discretion, the client may feel safe enough to revisit the experience because a sense of control has been restored. Addressing and resolving the resistance episode, once the emotional discomfort has subsided, may be important to the client's overall understanding of self, other, and the client-counsellor relationship, as well as to the achievement of a positive counselling outcome. Without this component, clients might simply continue to re-engage those same resistant behaviours in similar situations, which would only serve to reinforce the cycle and possibly contribute to a negative outcome. In this respect, addressed resistances may further while unaddressed resistances may interfere with the successful process and outcome of counselling.

Figure 1. Process model of clients' perceptions of resistance.



Chapter V: Discussion

The purpose of the present study has been to explore and better understand the client's perception of in-session resistance while engaged in active counselling and to detail its general process within a model that would be useful in practice. The analysis was successful in identifying a core category under which all other categories were subsumed, entitled Psychological Self-Protection. This core category was conceptualized as encompassing the various participant descriptions of resistance and it is understood to embody the features of protecting self-identity and protecting self-autonomy. Protecting self-identity evolved out of the clients' need to safeguard the construction of self that brings meaning, stability, and understanding to their world during moments in counselling perceived as change threatening. Protecting self-autonomy unfolded out of the individual's need for ownership, control, and to maintain a self-directing existence within the process of counselling. These two features of the core category aptly spoke to the meaning that the perception of resistance held for participants.

With respect to the problem statement outlined in the introductory chapter, this study can contribute to our understanding of the issues and fill in some of the gaps from previous research on resistance. The definition emerging from this study seems to indicate that resistance is a form of psychological self-protection that is engaged when a threat to one's self-identity or self-autonomy is perceived. The act of resisting is motivated by and serves to attenuate feelings of frustration, anxiety, and ambivalence linked to the perceived threat. The particular resistant behaviour engaged in the moment and the origins of such behaviour vary considerably from person to person, indicating that resistance is a complex, multidimensional phenomenon that may be dependent upon numerous personality and interactional factors. Resistance can be manifested overtly or covertly, as well as directly or indirectly, although the latter form seems to occur more commonly. Furthermore, it is quite difficult to identify the origins of resistance in terms of intrapersonal and interpersonal, or conscious and unconscious derivatives. It may be more helpful in practice to simply acknowledge that resistance can emanate from any or some combination of these derivatives and that it has a reciprocal effect in counselling. Overall, resistance appears to be a positive, adaptive, pacing behaviour that momentarily slows the client's immediate process to allow for reflection of the information or changes being considered, thereby ensuring the psychological integrity of the self.

In terms of the research perspective taken in investigating resistance, this study favourably pursued the client's perception of resistance. Participants clearly and richly spoke to their experiences of resistance, thereby lending support to the contention that client factors and in-session client processes can be successfully investigated through client verbal reports. As well, the grounded theory method was used to discover the basic psychosocial process of resistance outlined in Figure 1, and to identify the contextual meanings that resistance held for participants. Qualitative research methods, in general, offer investigators a host of valid and pragmatic tools for conducting counselling process research. In the following discussion, I will relate the resulting categories and processes of resistance to relevant literature, identify the limitations of the study, and discuss the implications of the results for practice and research.

What is the Function of Resistance?

Psychological Self-Protection

The results from this study can provide practitioners with some considerations in their work with clients. In speaking to the controversy regarding how to understand resistance, this study's results expand our understanding of resistance as a process of psychological self-protection, which reflects an adaptive and health-sustaining quality. Perhaps more importantly, understanding resistance in this way ascribes a positive connotation to the concept rather than the pejorative association that has gradually developed over the years. The consequence of the latter view has been that practitioners of the post-modern era have largely ignored the phenomenon. In doing so, the potentially helpful aspects of the phenomenon, such as information about client needs, were lost as well. If we consider Stoolmiller et al.'s (1993) and Patton et al.'s (1997) contention that resistance becomes a detriment to positive outcome only when left unrecognized, unaddressed, and misunderstood by both client and counsellor, then there may exist just as much potential for growth with episodes of resistance as there is for obstruction.

The self-protective view has a longstanding history in the resistance literature. From its inception, resistance has been conceptualized as intrapsychic protection against the threatening thoughts and feelings of the unconscious from overwhelming consciousness (Freud, 1914/1957). Psychological integrity is maintained through homeostasis, which resistance is in the service thereof (Reich, 1987). So thoughts and behaviours that assist the individual in avoiding painful memories and anxieties are considered resistance. Eagle (1999) furthers this point by stating that a client's intention in resisting is not necessarily to avoid change, even though on the surface this may appear to be the case, but to avoid painful affect due to a fear of retraumatization. However, by this statement, Eagle (1999) is asserting intentionality on the part of the client, while Freud clearly viewed resistance as operating at an unconscious level. The results of this study and others (e.g., Rennie, 1994a) have purported that resistance can also be engaged reflexively, thereby providing further credence to the view that resistant behaviour may emerge with or without client awareness.

Participants perceived resistance not just as psychological self-protection from intrapersonal fears about self but from counsellor behaviours that did not resonate with clients' frame of reference and that threatened their self-autonomy. The Adlerians (e.g., Boldt & Mosak, 1997), though, posited that resistant behaviours help us avoid responsibility, thereby safeguarding our self-esteem and our core beliefs about self and other. In doing so, a sense of control, safety, and predictability about the world is maintained. In a similar vein, Lecky's (1945) theory of self-consistency views resistance as the client's way of maintaining the consistency and integrity of the self-concept by assimilating value-consistent experiences and resisting experiences that are value-inconsistent. Resistance, then, functions to maintain the client's personality and to protect psychological integrity. Humanistic and systemic/strategic considerations of resistance have followed suit. For example, Bugental and Bugental (1984) perceived resistance as a fear of confronting the real self. What is resisted is not the counsellor, the therapeutic setting, or therapeutic change but coming to terms with the inauthentic life and the ways in which life experiences have been limited. While these conceptualizations were supported by the study's results, participants also identified resistance as a response to perceived counsellor error (e.g., counselling tasks).

In this study, an adaptive view of resistance was clearly woven into the fabric of participants' resistance experiences, as that which protects their current way of making sense of the world from abrupt change. Resistance was observed to protect participants' "core-ordering" cognitive processes through the protection of their more basic and explicit cognitive processes, such as choosing not to complete a counselling task that lacked resonance. In doing so, the deeper and more abstract structures that organized their world (e.g., self-autonomy) were protected as well. While the early cognitive-behaviorists may have perceived resistance as overt client opposition to and lack of motivation in pursuing the goals of counselling, more contemporary theorists of this orientation now espouse the self-protective view of resistance as a mechanism for regulating the change process (Birchler, 1988). Constructivists are leading proponents of this way of conceptualizing resistance. For example, Mahoney's (1991) self-protective metatheory of resistance is viewed in relation to change, whereby the client manifests behaviour that suspends the act of quickly changing "core-ordering" cognitive processes that bring stability and coherence to our lives until the individual has had time to reflect and assess the implications of making such change. In this context, resistance is not simply a defensive act but a part of our natural yet covert process of assimilating and accommodating new experiences (Liotti, 1987).

In keeping with the notion of self-protection, parallels can be drawn between resistance and the motivational state of psychological reactance (Brehm, 1966). When individuals perceive their freedoms eliminated or being threatened with elimination, they will be motivated to restore their freedoms through resistance-like behaviours known as "reactance effects" (Brehm, 1966). Various study participants described their resistance as a way to protect and restore their sense of autonomy and freedom of action. According to Brehm (1966), "the magnitude of reactance is … a direct function of the relative importance of the eliminated or threatened behavioral freedom compared to the importances [*sic*] of other freedoms of the moment" (p. 5). Likewise, participants described resisting particular counsellor behaviours in one session but not in another session. Reactance theory would explain that the client did not resist the counsellor behaviour a second time because the threatened freedom was not as important as other freedoms at that moment. So, reactance theory seems to show promise in explaining the purpose behind those participant resistance behaviours related to self-autonomy.

Thus, the emergence of psychological self-protection as the core category in this study may clarify and direct the reader through the many conceptualizations that have saturated the literature over the years. For practitioners, understanding resistance as psychological self-protection may help promote a more positive perception of the phenomenon that could translate into improved practice.

Where does the Need for Psychological Self-Protection Originate?

The origins of resistance depicted in this study were numerous and varied. Of the three clusters of categories identified within this theme, the most notable was client expectations of counselling. In their discussion of the reasons for treatment failure in cognitive therapy, Davis and Hollon (1999) touched upon the issue of how client expectations influence the occurrence of resistance. According to the authors, clients enter therapy with dysfunctional beliefs and unrealistic expectations about how change is "supposed" to occur that parallel the very beliefs and expectations that tend to interfere with the achievement of their life goals. So when their expectations are not met, they respond in a way that approximates the problematic behaviours they tend to engage outside of counselling. In this study, clients also initiated counselling with particular expectations for the kind of experiences they would encounter. These expectations seemed to foster a sense of security for clients in that they felt prepared for counselling. Though, when encountering experiences discrepant from their expectations, clients felt uncertain about how to proceed so they engaged resistance. Whether these expectations were realistic or unrealistic, as Davis and Hollon (1999) emphasized, is debatable and may not be all that significant. What may be more significant is that, through this study, active clients identified their expectations of counselling as one of the perceived sources of their resistances. This result alerts the field of the importance in exploring client expectations at the outset of, and perhaps periodically throughout, counselling. In doing so, practitioners may come to better understand how clients foresee change occurring, thereby facilitating the counselling process.

The category of cultural similarities as a source of resistance has some precedence in the literature. Reid (1999) related culture to the concept of resistance and argued that much of what has traditionally been perceived as resistant behaviour is actually reflective of a conflict between the client and the counsellor's cultural values. He further added that "hidden" or subtle cultural differences tend to be more significant when both members of the counselling dyad are part of a visible minority because an awareness of the differences is not strong. Reid's (1999) discussion of subtle cultural differences as a source of resistance accurately reflects the study participant's description of expecting client-counsellor cultural similarities to facilitate the counselling process. It can be argued that "hidden" cultural differences present a common challenge to practitioners and that vigilance is needed on the part of the individual practitioner to continuously monitor the impact of these subtle origins of resistance on the counselling process.

The second category cluster of resistance origins identified through this study involved fears related to trust and control. The notion that resistance may stem from a particular client fear is not novel to the literature. Many theorists (e.g., Boldt & Mosak, 1997; Buckley, 1996; Bugental & Bugental, 1984; Eagle, 1999; Ellis, 1995; Kohut, 1987; Munjack & Oziel, 1978; Teitelbaum, 1991) from different theoretical orientations have espoused the view that resistance originates from underlying client fears. The various fears described by these authors seem, for the most part, to be related to issues of trust and control. Weil (1985), for example, perceived that resistance stems from a fear of change to the client's life script, because doing so would threaten the very frame of reference used to view and understand the world. As discussed earlier, such a perspective follows a self-protective purpose, which according to Weil (1985) is an indication of client willingness and not noncompliance. Thus, the origins of resistance identified through this study appear to correspond with the literature, in that what is unknowable generates a degree of fear for clients that is informed by past experiences. This fear then gives rise to resistant behaviour as a way of psychologically protecting the self from the perceived danger.

The third source of resistance identified by study participants involved their disagreement with particular counsellor behaviours. This resistance source is addressed in the literature from the perspective that if counselling is an interactive process of communication, then resistance must be a relationally constructed, interpersonal phenomenon. As such, the counsellor contributes just as much to the emergence of resistance as the client. Langs (1980, 1982) was one of the first theorists to examine the counsellor's role in the occurrence of resistance while, at the same time, not discounting the client's intrapsychic contributions. Since Langs, a plethora of likewise perspectives (e.g., Adler & Bachant, 1998; Allgood et al., 1992; Atwood et al., 1989; Baker, 1999;

Bauer & Mills, 1989; Bernstein & Landaiche, 1992; Bischoff & Tracey, 1995; Bisese, 1990; Bromberg, 1995; Ellis, 1995; Ferrara, 2002; Fransella, 1993; Gerson, 1996; Kluft, 1992; Patterson & Forgatch, 1985; Renik, 1995; Rennie, 1994a; Rothstein & Robinson, 1991; Van Denburg & Kiesler, 2002; Worrell, 1997; Yapko, 1984) from different theoretical orientations have emerged in the literature. Despite the support for this perspective, the controversy regarding the origins of resistance being interpersonally-based, intrapersonally-based, or both continues to thrive in the literature. The results of this study appear to be consistent with a perspective of resistance as a multidimensional construct that may emerge from either or both of these origins. Perhaps Briggs (1991) and Cowan and Presbury (2000) phrased it best when they proposed that our sense of self encompasses both intrapsychic and interpersonal dimensions that cannot be separated because they exist in each other; a contention that aptly fits the descriptions offered in this study.

The multifaceted nature of the resistance phenomenon was also observed in those participant descriptions that included overlapping origins of resistance. For example, in the expectations of counselling cluster, clients' expectations that they would be fully open about self with their counsellors was perceived as a source of resistance. It could also be argued, however, that openness about self is contingent on clients clearly trusting their counsellors. So, in this respect, the resistance of clients who experience difficulty disclosing deeply personal information may be attributable to fears of trusting others as well as to unmet expectations about being open in session. The close link between these two sources of resistance exemplifies the complexity of the resistance experience.

Thus, the derivatives of resistance identified through this study advocate for a multidimensional view of this phenomenon. Resistance was perceived to derive from both interpersonal and intrapersonal sources, and influenced by individual client characteristics and past experiences.

How is Psychological Self-Protection Manifested?

The various forms of resistance described by the participants in this study have all generally been observed in the literature from different theoretical orientations. In fact, many of the study's manifestation categories were adopted from Otani's (1989a) taxonomic classification of client resistance. This theme can nonetheless make a contribution to the literature through the identification of the prevailing characteristics in the way resistance was manifested by participants.

It is clear from this study and the literature that clients will express their resistance in very different and personal ways, and that these ways of resisting will include both overt and covert, and direct and indirect manifestations. Otani (1989a) depicted resistance as an observable style of communicating. Study participants more often endorsed indirect forms of resistance (e.g., thought censoring) than direct forms (e.g., confrontation), a finding that was likewise discovered in Seligman and Gaaserud's (1994) counsellor survey on resistance. If we consider Rennie's (1994a) finding that clients tend to defer to the counsellor's authority about the best course for treatment, then it is understandable that indirect forms of psychological self-protection would be manifested more readily when clients perceive a threat to their self-identity or self-autonomy. In doing so, clients are able to heed their inner voice while at the same time avoiding the social discomfort of directly confronting their counsellors. This dynamic is similar to Brown and Levinson's (1987) theory of negative politeness, which proposes that individuals will defer to another if they perceive the degree of threat in confronting another to be moderate or higher. The results from this study, though, suggest that while clients will overtly defer to their counsellors, they will covertly resist their counsellors' influence attempts through indirect resistant behaviours. This dialectic seems to be more in keeping with reactance theory's (Brehm, 1966) claim that individuals who perceive a threat to their freedoms will be motivated to either directly or indirectly restore such freedoms.

The literature has been less clear in determining the nonverbal and indirect ways of resisting. Since the literature has predominantly been written from the clinician's perspective, it is not surprising that insight into such client processes would be lacking. Yet, according to Hill et al. (1992) and the results of this study, considering the client's nonverbal and paralinguistic cues may be fundamental to distinguishing resistance from other client behaviours. Moreover, Reich (1987) believed that resistance tends to show itself through the behaviour, and not the content, of the client's communication. While identifying indirect forms of resistance can be difficult because it requires a degree of speculation on the part of the counsellor, the varied descriptions provided by participants in this study may encourage counsellors to periodically "check in" with their clients regarding their internal processing and moment-to-moment experiences. As Mahalik (2002) suggested, "the clinician can recognize that [resistance] is happening when the client becomes less involved and less open in the therapeutic process" (p. 70).

An additional outgrowth of this study has been the supporting evidence for a multidimensional conceptualization of resistance. The literature has long debated whether to consider resistance a unidimensional or multidimensional construct, with more recent studies (e.g., Beutler et al., 2002; Mahalik, 1994; Schuller et al., 1991) advocating for the latter view. Results from this study provide the perspective that resistance is a multidimensional construct that clients manifest in many different ways, depending on individual personality characteristics. A multifaceted understanding of resistance was exemplified in the category of small talk. Clients were observed to disclose trivial information as a way to initially avoid discussing the counselling issue, thereby alleviating some anxiety. With their discomfort addressed, they were able to gradually engage in more meaningful session talk. Small talk, then, was conceived dichotomously as resistant behaviour that not only prevented meaningful discussion but that allowed meaningful discussion to eventually take place.

Some parallels can also be drawn between the verbal content of small talk and Rennie's (1994c) observation that clients tend to paradoxically use the act of storytelling to both avoid and facilitate engagement with problematic issues or feelings. It seems that the narrative features of storytelling, much like the trust-building features of small talk, provide clients with a structure and a degree of distance that allows engagement with their inner disturbance at their own pace and at their own readiness. In doing so, the self remains protected while the individual's feelings of uncertainty about directly disclosing personal information are attended to.

Thus, the various behavioural manifestations of resistance identified through this study lend support to the contention that resistance takes shape in multifaceted and individual ways. Given that the typical form taken by resistance is indirect and covert, it is a difficult phenomenon for the practitioner to realize in session and, as such, may require a more collaborative framework in practice.

What is Affectively Experienced with Psychological Self-Protection?

Study participants readily distinguished the feelings associated with the experience of resistance. The affective component of the experience contained three main identifiable commonalities: anxiety, frustration, and ambivalence. The intensity of each of these emotions for participants seemed to determine when resistance would be manifested. Once the act of resisting had met its purpose, then the feelings of anxiety, frustration, or ambivalence could dissipate, depending on how the resistance was addressed by the counsellor and/or client.

The emotion of anxiety has traditionally been conceived by psychoanalysis as that which the unconscious seeks to avoid through resistance, while the cognitive-behavioral school has typically linked the feeling of frustration as the impetus for more overt forms of noncompliance and oppositional behaviour. Ambivalence, however, has only recently garnered attention (e.g., Arkowitz, 2002b; Craig, 1995; Lyddon et al., 2001; Moyers & Rollnick, 2002) as a common resistance experience that holds no allegiance to any particular theoretical orientation.

One of the feelings that comprise the affective experience of ambivalence is anxiety. According to Knowles et al. (2001), anxiety will be experienced when the opposing forces of compliance and defiance cross over. Alford and Lantka (2000) explain that when we are faced with such conflicts, we tend to choose that which create a short-term relief of the experienced anxiety, because immediate consequences tend to be more influential than delayed consequences in shaping our actions. It is illogical for clients to participate in therapeutic activities that do not lead to immediate reinforcement, so they resist by engaging in conduct that is counter-therapeutic to their goals but immediately reinforcing. In relation to this study, participants tended to resist, for example, those counselling activities that encouraged the exploration of sensitive issues as a way to create a short-term positive outcome (e.g., emotional avoidance), even though it may have perpetuated a long-term negative outcome (e.g., emotional stasis). In this respect, resistance can be viewed as related to "the failure to resolve conflict between short- and long-term consequences" (Alford & Lantka, 2000, p. 571).

Thus, with study participants endorsing the feelings of anxiety, frustration, and ambivalence as relatively common across clients who manifest resistance, the literature's conceptualization of the client's affective experience of resistance was supported.

How is Psychological Self-Protection Addressed?

Identifying the ways in which resistance can be successfully addressed in practice may constitute this study's most instructive consideration for the field of counselling. The categories of addressing resistance can be most instructive in the sense that practitioners are now informed of practical ways to help resolve resistances that have been deemed helpful by clients, rather than by theorists or researchers. While some of the categories that emerged, such as process-talking, are not novel approaches to addressing resistances, they have the added credibility of being endorsed as effective strategies by actual counselling clients. Of course, choosing what approach to employ, when to employ it, and how to employ it depends upon a multitude of different contextual considerations, such as the degree of trust in the client-counsellor relationship; the type, frequency, and intensity of the resistance; the client's personality characteristics; and so on. Despite this challenge, the results of how to address resistance in an effort toward resolution provide the field with some valuable direction in what may arguably be the most demanding aspect of the resistance phenomenon.

Clients and counsellors addressed resistance collaboratively in the form of a process-talk about their way of working. Process-talk refers to instances when a communication about the counselling dyad's way of interacting clarifies each other's working style and establishes a mutually agreeable way of working for the future. This approach to dealing with resistance has similarities to the term "metacommunication," defined by Binder and Strupp (1997) as verbal counsellor feedback about the developing interpersonal pattern of the client-counsellor relationship. Binder and Strupp (1997) suggest using metacommunication to identify and manage "negative process," a concept that overlaps considerably with resistance. Likewise, Rothstein and Robinson (1991) have advocated using the therapeutic relationship for more than just a prerequisite to technical interventions but as a powerful intervention in its own right. The authors proposed that by exploring and trying to understand the client's emotions at the time resistance emerges, as well as the therapist's feelings about the resistance, the therapeutic relationship helps raise certain processes and core constructs to the dyad's awareness.

According to the participants in this study, process-talk seems to hold promise as an effective and collaborative way to resolve resistance. Yet, it has been argued that the success of the approach rests on the need for client expressiveness and counsellor openness (Rennie, 1994a). Such a position of outward openness from both parties is preceded primarily by the necessity to be honest with the self and secondarily to develop a level of intimacy and genuineness that facilitates rather than restricts communication. Trust that each other's messages will be received constructively may be critical to fostering the kind of openness needed for process-talk to be helpful. However, as Rennie (1994a) found in his research and also found in the current study, clients tend to defer to the counsellor's authority despite holding covert judgements about the counselling process. Not wanting to appear critical of the counsellor and risk deteriorating the relationship, clients find it difficult to invest themselves fully into the counselling experience. As Binder and Strupp (1997) noted, "human beings have enormous difficulty dealing with interpersonal conflict in which they are participants" (p. 121). The duty may fall on the counsellor to periodically till the relationship-soil with seeds of trust, thereby cultivating the growth of a bond that can withstand the openness and transparency of process-talk.

For the most part, the literature has suggested a proactive approach in addressing resistance in counselling. By establishing certain therapeutic conditions in the counselling environment, such as empathic attunement (Adler & Bachant, 1998; Kohut, 1987; Rogers, 1961), validation (Bugental & Bugental, 1984; Leitner & Dill-Standiford, 1993; Schafer, 1973), and a non-judgemental and safe environment (Malin, 1993; May, 1996; Modell, 1991; Messer, 2002; Rhodes et al., 1994; Spotnitz, 1989), it is believed that the development of resistance would be limited. In those instances when resistance does emerge, the literature has supported the following interventions: work through the resistance with interpretations (Brenner, 1987; Greenson, 1967; Reich, 1987); foster understanding and raise client awareness by exploring the resistance and its meaning (Breshgold, 1989; Bugental & Bugental, 1984; Engle & Holiman, 2002; Fransella, 1989; Perls, 1947/1969; Reid, 1999; Snyder, 1982); empathically challenge and confront the resistance (Van Denburg & Kiesler, 2002); assess the source of the resistance, and then explore and dispute the maladaptive cognitions (Ellis, 1983b; Golden, 1989); build trust through the use of metaphors (Paulson, 1996; Romig & Gruenke, 1991; Rule, 2002); "join" the client through reflective and strategic interventions (de Shazer, 1984; Moyers & Rollnick, 2002); or employ reframing and paradoxical interventions (Dowd & Milne, 1986; Haley, 1973; LaClave & Brack, 1989; Watzlawick et al., 1974).

The preceding intervention list includes the approaches (i.e., respect, challenge, explore) used by counsellors in this study to address resistances. What the literature has lacked, however, is information concerning the clients' own efforts at addressing their resistances. As discussed in the introductory chapter, the literature has traditionally focused on the counsellor's perspective of resistance because resistance was conceived as being unconsciously derived. Since it was assumed that the concept would hold little importance to the client, researchers have not perceived the client's momentary experience of resistance as a worthwhile area of study. The results of the present study, regarding how clients deal with their resistances, are important because it suggests that clients actively work on and process both positive and negative experiences from their sessions. Through respect, reflection, and rationalization, they attempt to understand and manage their resistances and move the work of counselling forward. Therefore, practitioners who carelessly employ pejorative labels such as noncompliant, oppositional, and unmotivated when conceptualizing their clients may be neither helpful nor representative of their clients' actual willingness to change.

Thus, delineating how clients address and resolve their resistances may be one of the richest aspects of this investigation into the phenomenon of resistance. Moreover, the literature may benefit from the approach of "respecting the resistance" because it sets a foundation from which client and counsellor collaborative efforts may bear fruit in the form of resistance resolution.

Limitations of the Study

My intent in conducting this investigation was to tap into the client's perception of resistance in order to arrive at a better understanding of this phenomenon that would be informative to practitioners. Along the way, I made certain choices that limited the scope of the study and allowed its execution to be manageable without sacrificing the overall purpose of the study. Other limitations associated with this study, however, were more reflective of the unexpected situations that emerge when conducting a study of this kind. The following are considerations that particularly resonated for me.

All study participants were recruited from one setting, a university clinical training facility. As such, I recognize that the scope of the participant group was somewhat restricted to the particulars of this setting. For example, the respective counsellors were trainees obliged to practice under supervision and within the timelines of the academic year. However, some participants expressed resistance to the premature ending of their counselling. So, this resistance experience may have been particular to the setting in which the research took place and may in fact be rather uncommon in other counselling settings. Moreover, it is unknown what impact, if any, the counsellor trainees may have had on the emergence of participant resistances and whether more experienced counsellors would have faired differently. Simply put, by recruiting participants from a single setting, the study did not achieve data triangulation (i.e., the use of a variety of data sources), which may have implications for the trustworthiness of the findings.

The research interviews typically began after the participants' second or third counselling session and continued on a bi-weekly basis until counselling ended, but by no means was this procedure systematically conducted with each participant. For some participants, I was only able to recruit their participation into the study after they had already progressed into the middle or later stages of counselling. The particular stage of counselling from which the participants' description of resistance emanated may be important in the sense that resistances can be different during the early, middle, and later stages of counselling (Tracey & Ray, 1984). Too much of a focus on one particular stage may impact the results by leaving the reader with the impression that a certain form of resistance occurs more often than others. As well, it was observed that some behaviours under certain conditions advance into the foreground as a form of resistance but under other conditions fall into the background unnoticed. For example, in my initial interview with Brad, he expressed disagreement with his counsellor adhering to the 50-minute counselling hour regardless of what was occurring in the session. In subsequent interviews, however, Brad disclosed that this source of resistance was no longer important to him. Had I only recruited Brad in the later stages of his counselling, I may not have been privy to his initial resistance to the session structure.

The individual client's past experiences with counselling was not employed as a criterion in selecting the study participants. It is possible that more experienced counselling clients may not have exhibited as much or the same resistance behaviours as novice clients. Participants often remarked how previous counselling experiences seemed to fit the notion of resistance more readily than their current experiences, leading me to assume that perhaps first-time counselling clients may be more resistant due to the lack of familiarity with the counselling process. As well, some participants reported adverse experiences with past forms of counselling. Participants described these past experiences as pathologizing, in terms of the overt use of psychological labels, and invasive, in terms of the inquisitorial-style of interviewing. While clients showed great courage in not allowing their past negative experiences to dissuade them from ever returning to counselling, these experiences may have impacted their readiness to trust the counselling process as well as the degree to which they trusted their counsellor.

Though this study has been centered on giving the client a voice, I struggled with the decision of whether to also include the counsellor's perspective of resistance. It has been suggested (i.e., Hill et al., 1996; Rhodes et al., 1994) that studying variables such as resistance from both the counsellor and the client perspectives of the same cases would provide a more complete picture of the phenomenon and its interactive elements. However, Heatherington (1989) cautions that repeated data collection from the same case over the course of counselling may effect the session interaction. Thus, in addition to the reasons outlined in the introductory chapter for designing the study around the client's perspective, interviewing both the counsellor and client from the same counselling relationship would have presented an ethical concern for me. Given that the participants were involved in active counselling, a certain degree of interference with their therapeutic process was likely already at play by consenting to participate in this study. Yet, it is my contention that to have included both members of the same counselling dyad in studying this phenomenon would have substantially interfered, for better or for worse, with the process of their counselling. It was this concern that prompted my decision to not include the counsellor's perspective of resistance in this study.

According to the originators of the grounded theory method (i.e., Glaser & Strauss, 1967), researchers are better able to "discover" theory if they approach the data with a naïve attitude. While the process of bracketing is helpful in this regard, Glaser and Strauss (1967) suggested avoiding exposure to literature pertaining to the phenomenon under investigation until the data had been gathered and analyzed. As mentioned in the methods chapter, I have been immersed in the theoretical and empirical literature on resistance and have been involved in numerous investigations of the resistance concept for the past ten years. So, in the present study, I could not approach the data with the conceptual naïveté suggested by Glaser and Strauss (1967). Nonetheless, I believe that the careful, thorough, and recursive process I undertook in bracketing my frame of reference toward the concept of resistance has greatly lessened any intrusions my prior knowledge of the phenomenon may have had on the study's results. Furthermore, I believe that if the investigator conducts the study with integrity, then the familiarity with the literature allows the investigator to identify aspects of the phenomenon that might otherwise go unnoticed; a contention that Watson and Rennie (1994) also espoused.

Some participants took issue with the word "resistance" when attempting to link their experiences with the focus of the study. They appeared to define the concept along the lines of active and perhaps aggressive defensive behaviours, which is somewhat in keeping with the cognitive-behavioral concepts of noncompliance and opposition. In fact, many disclosed a preference for the word "reluctance." Despite prefacing their interviews with their reservations in using the word "resistance," participants went on to describe their experiences in rich detail, which leads me to believe that they had an accurate sense of what the study was attempting to investigate. Nonetheless, room must be made to consider what potential impact the word "resistance" may have had on participant descriptions, if any.

Yet another limitation of this study that came to light through review of my field notes was my experience of participants occasionally exhibiting "interview resistance," a reluctance to discuss certain aspects of their personal counselling process. For example, Sam often noted in our interviews that she experienced few instances of resistance throughout counselling, that the resistances that she did experience had little, if anything, to do with her counsellor, and that she was a "very private person." My thoughts of Sam during these times was that perhaps she did not feel like she could fully disclose all the details or experiences of resistance in her counselling sessions out of concern that I would view her or her counsellor negatively. The basis for this assumption is two-fold. First, in our interviews, she described an in-session resistance to disclosing details of her relationship with her father due to an ingrained family value of not airing the family's dirty laundry in public, despite knowing that counselling was confidential. It is conceivable, then, that such a value may have been generalized to her relationship with her counsellor, which would have made disclosing any critical comments of her counsellor to me quite uncomfortable. Second, if Sam's trust in her counsellor was not absolute, as she readily acknowledged, then it is not an exaggeration to assume that her trust in me was not absolute either. Thus, she could have withheld certain descriptions of her resistance experiences that might have appeared unflattering towards her or her counsellor in a similar fashion as she restricted herself with her counsellor. It is worth repeating, however, that these assumptions are merely my own wonderings about the completeness of her experiences and were never substantiated or discussed with Sam.

A final limitation of this study, that has implications for the trustworthiness of the findings, relates back to the "validity checks" discussed in the methods chapter. Due to thesis completion time constraints, I was unable to provide my participants an opportunity to "check" the overall study results for accuracy and adequacy. Conducting such checks on the data analysis may have clarified some obscurities in the results, identified areas for additional data gathering, and further refined the categories, properties, and the relationships between and within each category.

Implications for Practice

The results from this study have provided several important implications for practice. One implication regards how practitioners think about and understand the concept of resistance. Through their training, practitioners often come to perceive resistance as a negative occurrence in counselling to be avoided because it will lead to poor outcome, or as a pejorative client variable that signifies the client's unwillingness to change. As discussed in the literature review, this perception is understandable because many practitioners have misunderstood how resistance was originally conceptualized by psychoanalytic theory yet they agree that something occurs in their session that bears a strong resemblance to the phenomenon of resistance. The results of this study, however, contend that the underlying function of resistance is psychological self-protection, which supports a positive, healthy, and adaptive view of resistance. If practitioners can come to consider the act of resisting in this way, perhaps it can translate into a more collaborative approach to resolving client experiences of resistance and to meeting client needs.

A second implication of the study's results relates to those manifestations of resistance that commonly occur. Of all the resistance manifestations described in this study, the majority seemed to be of the indirect variety, yet they seemed to hold just as much significance for clients as the more direct forms of resistance. This finding is important because the literature, to date, appears to have concerned itself more with overt and obvious types of resistances, presumably because they are easier to identify than those resistances that are subtle and somewhat hidden. Practitioners may feel more confident in addressing observable resistant behaviours than engaging in the uncertainty of the unobservable. While this is understandable, indirect resistances can interfere with the counselling process just as much as direct resistances, and perhaps more so because of this insidious quality. Resistances that linger, build over time, and are not addressed in a constructive way may have a cumulative effect that eventually lead to negative outcomes, so counsellors would be advised not to ignore those subtle indications that their clients may be experiencing resistance.

Another important implication of this study concerns the issues of trust and control in counselling. Preserving our sense of self-identity and our sense of self-autonomy underlies the core category of psychological self-protection. If we accept the notion that counselling is a process of social, mutual, interpersonal influence between client and counsellor (Strong, 1968), then clients are forever attending in session to their sense of self-identity and sense of self-autonomy. They will thus react in ways that maintain or restore these senses when a threat is perceived. The underlying reason for this behaviour may best be explained by the constructivist contention that we protect our constructions of reality because they bring meaning and stability to our world (Mahoney, 1991). To do otherwise would threaten our psychological integrity. So if counsellors accept that clients need to perceive some control over their counselling, that a high degree of trust needs to be negotiated through the client-counsellor relationship, then counsellors might be in a better position to limit the occurrences of resistance, to understand resistances when they do emerge, and to work collaboratively with clients on resolving such resistances.

The descriptions garnered through the identification of "negative cases" of resistance provide practitioners with an additional implication to consider. Instances in which the phenomenon of resistance was not present were queried. Participants named several like conditions that they believed accounted for the decreased need to protect the psychological self, such as experiencing an empathic, validating, non-judgemental, collaborative, and socially compatible counsellor that "gently" challenged clients toward meeting their counselling goals. These factors reflect many of the tenets of the humanistic tradition and inform practitioners of the importance in cultivating an empathic and trusting relationship. In doing so, a foundation is created where intervening is perceived as a fluid and natural component of the counselling process.

A final implication of this study pertains to the role counsellors undertake in counselling. As Walborn (1996) noted, it appears that if counsellors take responsibility for socializing and orienting the client to the counselling process, and for setting and maintaining the context of counselling, then occurrences of resistance that negatively impact process and outcome can be averted. Moreover, counsellors who periodically "check in" with their clients regarding their thoughts, feelings, and senses about the counselling process communicate a respect and an appreciation for the changes being considered to the client's internal world. Such counsellor behaviour may also translate into greater trust between client and counsellor and perhaps encourage clients to assume increased control over their own change process. Thus, it may be important for counsellors to explicitly and repeatedly invite their clients into a negotiation of their working relationship, thereby balancing the inherent power differential that exists as well as contributing to a stronger and more effective therapeutic relationship.

Implications for Research

One of the main implications for research gathered through this study stems from the observation that clients are able to successfully speak to their experiences of resistance in counselling. While they may be unable to ascertain whether their resistance is consciously or unconsciously based, clients can illuminate a whole host of other aspects relative to the phenomenon being studied. Using such data in conjunction with clinical experience and comprehensive theories provides the field with a broad yet detailed knowledge base. Therefore, investigating the client's subjective experiences of counselling generates a rich and pragmatic source of information and offers a valid research perspective from which the counselling profession may benefit.

Future investigations of resistance from the client's perspective could extend the field's understanding of this phenomenon by employing alternative interviewing techniques, such as IPR (Elliott, 1986). As discussed in the literature review of Rennie's (1994a) investigation of clients' moment-to-moment experiences of counselling, IPR interviews improve the participant's ability to recall the contextual richness surrounding their in-session experiences by using videotape to cue their recall. By exploring participants' subjective experiences with greater and more accurate detail, and by limiting the amount of reconstruction that is assumed to exist with verbal reports, the trustworthiness of the data increases. Moreover, if Hill et al. (1992) are correct in their finding that the client's nonverbal behaviours may be fundamental to distinguishing resistance from other client processes, then IPR could serve to effectively recapture subtle but informative visual occurrences in counselling.

An additional implication for research relates to the practicality of using this study's emergent model as a framework for identifying the various markers of resistance in counselling sessions. By identifying markers of resistance, the resistance process of individual clients can be tracked over the course of counselling, thereby elucidating the evolution of resistance and changes within the process over time. In doing so, a better understanding of the ebb and flow of resistance from foreground to background ensues.

The grounded theory method used to collect and analyze the participant data in this study was geared toward describing the process of resistance so that the results could be directly useful to practitioners. I chose this particular qualitative lens in lieu of others for these reasons and more, knowing full well that a panoramic view of resistance was not possible. As such, further investigations of resistance employing different qualitative methods could contribute to our understanding of this concept. For example, conducting a phenomenological study that focuses on the essence of clients' lived experiences of resistance would provide a more in-depth understanding of the resistance experience than could be garnered through grounded theory. In doing so, perhaps themes such as the participants' affective experiences of resistance from this study could be further developed through interview questions that draw out the finer distinctions amongst the various feeling states experienced. While Kimble (1989/1990) was observed to have conducted an empirical-phenomenological investigation of the client's experience of resistance, the participants were graduate students who were interviewed strictly regarding their intrapsychic experiences of resistance in long-term psychotherapy. Given the current budgetary state of mental health care, long-term therapy has become a rarity, so it would be prudent for current studies to reflect the briefer forms of therapy.

The concept of "responsiveness" by Stiles, Honos-Webb, and Surko (1998) also offers some direction for future research on resistance. Stiles et al.'s (1998) main thesis is that our interaction with others is systematically and mutually responsive, meaning that our moment-to-moment behaviours while interacting with others will be influenced by the emerging context. According to Stiles et al. (1998), "responsiveness implies a dynamic relationship between variables, involving bi-directional causation and feedback loops" (p. 439). Related to counselling, the members of the therapeutic dyad affect and influence each other, which also then affects and influences their subsequent behaviours. Consequently, the content and process of counselling only emerge as the therapy unfolds. If we consider resistance in this respect, resistance can be understood as neither that of the client nor of the counsellor but one of a multitude of different forms of feedback from the counselling relationship that can emerge in the course of being responsive. Stiles et al. (1998) offered some suggestions on how counselling research can accommodate responsiveness, which can be applied to the concept of resistance: (1) studying resistance as a phenomenon of the client-counsellor interaction; (2) investigating sequences, patterns, and processes of resistance; (3) including context; and (4) focusing on significant therapeutic moments. One of the investigative methods recommended by Stiles et al. (1998) that would take responsiveness into account includes narrative analysis, which considers context, temporal sequence of events (i.e., process), and significant moments. Coupled with the paucity of qualitative research that currently exists on resistance, this approach may further contribute to our understanding of this intriguing and complex counselling phenomenon.

Endnotes

[1] In order to limit the investigative focus to a manageable degree, resistance was studied strictly within the context of individual, personal therapy to the exclusion of career, couple, family, and group modals of therapy. Moreover, the terms therapy, counselling, consulting, and psychotherapy; the terms therapist, counsellor, consultant, and helper; and the terms patient, client, consultee, and helpee will be used interchangeably throughout the text.

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Appendix A

Bracketing

Personal Experience

The rigorous process of self-reflection begins with my own personal experiences with the phenomenon of resistance. While such experiences may affect how I phrase my questions in the research interviews, as well as how I analyze the data, it is hoped that this type of interference will be minimized as a result of my efforts to bracket my biases.

As a counsellor-in-training, I undertook my first counselling referral with an individual who was recruited from a neighbouring university to serve as a client for one full academic year in exchange for partial course credit. Upon initiating contact with my client, he acknowledged being less than motivated to engage in an in-depth exploration of his life with me. He hinted being wary of counsellors and the profession of counselling due to a past negative experience. For the sake of course credit, however, he was willing to suspend his suspicions of counselling and place his trust in me. Being a novice counsellor, I found the anxiety of undertaking my first counselling relationship to be daunting in and of itself, let alone the added pressure of trying to journey with a client who was distrustful of the helping profession. My sense was that I had little room for error in counselling this client. Instead of immediately exploring this issue with my client, I chose to ignore it, feeling that any discussion of the matter might further deteriorate the delicate rapport that had been initially established. In so doing, I placed myself in the precarious position of trying to facilitate a collaborative working relationship within a strict and narrow boundary. As the year progressed, our relationship proved to be unhelpful and unsatisfying for both my client and I. In our final session, I decided to reveal to my client the incredible weight of perfection that I had carried with me over the course of our relationship. This disclosure sparked a rich exploration of the ambivalence my client was experiencing in being counselled strictly for the purpose of course credit. The processing of our experienced detachment, however, was bittersweet. Although we had put closure to a difficult and challenging counselling experience, thoughts about what could have been accomplished had the initial resistance been addressed and processed continued to linger within me. I believe this experience laid the foundation for my interest in investigating resistance.

My Understanding

Resistance is a common and natural occurrence in counselling. It is a metaphorical concept that represents all client behaviours, thoughts, and feelings that actively or passively interfere with the counselling process and the achievement of goals. Resistance is also a multidimensional construct that varies in type, intensity, and frequency from one client to another. An individual's personality (e.g., introverted vs. extroverted) is one of a host of factors that dictates how resistance comes to be manifested. Therefore, a multitude of different resistant behaviours can impact the counselling process at any one time because behaviours are specific to each client.

On a continuum of change, resistance is a phenomenon that underlies all client communication and behaviour in counselling, and it can manifest itself from both conscious and unconscious sources. The "work" that constitutes counselling change necessitates a certain degree of struggle. Change without such challenges is not as meaningful, beneficial, and enduring as change that results from little effort. I feel what becomes problematic is not the occurrence of resistance itself but the counsellor's inability to work with it. Depending on how it is addressed, it can either positively or negatively influence the process and outcome of counselling. Therefore, the potential exists for it to be a therapeutically valuable event.

I believe one of the functions of resistance is to protect the client's longstanding way of being from quick in-session change, or at least to postpone such action until the client has had time to examine and reflect on the implications of doing so. These changes, for example, can be as minimal as accepting a counsellor's paraphrase or as central as accepting a counsellor's interpretation regarding the root of the client's issue. With respect to the latter, clients resist because the perceptions of their world that give them stability and familiarity are deeply embedded in their personal meaning systems and, as such, difficult to undo. To change this meaning system is to forever change the client's personhood without the assurance of it being for the better. Therefore, resistance is an adaptive behaviour on the client's part.

In addition to its protective and adaptive functions, resistance can indicate to the counsellor that an important aspect of the client's presenting issue is being approached. While resistance at an unconscious level must be inferred, on a conscious level it is directly observable, consisting of verbal and nonverbal behaviours that mediate counselling process. As such, resistance can be an additional source of information about the client, the presenting issue, the counsellor, the intervention, and the counselling process. From a metacommunicative standpoint, it can also be immediate feedback concerning the counsellor's approach, in that a client will most likely respond with resistance to an intervention that does not fit. The counsellor's role is to "join" the client in terms of where the client is at in the counselling process and try to understand the purpose of the resistance for that particular client.

I find value in most theoretical conceptualizations of resistance. However, I do not consider resistance to be a pejorative client label, reflecting the client's lack of motivation, nor a problematic component of the counselling process that must be avoided or overcome. Such a conceptualization of resistance creates a combative dynamic between counsellor and client that only opposes change. Instead, viewing resistance as the client's implicit or explicit way of informing and guiding the counsellor toward a preferred way of working and toward central aspects of the client's issue creates a collaborative dynamic that invites change.

In outlining these presuppositions, I believe I have made explicit those biases that may influence my investigation of the phenomenon of client resistance. In so doing, I hope to be more open to those experiences that contradict or challenge my perspective, to be more aware of my expectations for the findings, and to be mindful of my prejudices.

Appendix B

Study Description

Participant:

I am a graduate student in the Counselling Psychology program at the University of Alberta, Department of Educational Psychology. In partial fulfillment of the requirements for my degree, I am conducting a qualitative research study of clients' experiences of **resistance** in counselling.

By having the opportunity to interview you, I hope to gain a thorough understanding of the nature of this experience from the perspective of a client in counselling. Part of my interest in exploring this area stems from my own experiences as a counsellor working collaboratively with clients toward their goals for counselling. I am also curious about what happens to the relationship between counsellor and client when this experience occurs in counselling.

Your participation in the study will involve approximately three to six interviews with me over a six to twelve week period. The first interview (i.e., today's interview) gives us an opportunity to become acquainted and to learn something about each other's backgrounds. During this interview, I will review the nature of the study, explain what your involvement will be in the study, and answer any questions that you may have.

In subsequent meetings, we will engage in an interview around your experiences. The interview will be open-ended, meaning that it does not follow a structured format but, instead, evolves based on what is discussed. It is important, however, that you describe your *actual* experiences, just as they happened. There are no "right" or "wrong" responses to the interview questions. As well, please do not tell me what you think I would like to hear. I simply wish to learn of your experiences, what ever they may be for you. The interviews will be about one hour in duration and they will be audiotape recorded and transcribed. During your involvement in the study, you may be asked for your impressions regarding the emerging results of the study. Furthermore, if you are willing, you may provide additional information regarding your experiences in the form of written narratives that I may collect prior to each of our interviews.

In the final interview, we will have the opportunity to examine my understanding of your experiences through the study's results. I will request feedback from you as to the accuracy and adequacy of my findings. Upon completion of the study, I will be willing to share my findings with you and give you a summary of the research results.

Your participation in this study is completely voluntary and you may withdraw at any time without penalty. Furthermore, all information will be kept in the strictest confidence and all audiotape recordings will be immediately erased upon transcription. I will ask you to create a pseudonym (i.e., false name) after our first interview, which will be used on all your material and in my study. I will be the only person who will know your real name and I will not use any identifying information in my study. If you decide to withdraw from the study, all information about you will be destroyed. At no point during or after the research study will your counsellor ever be made aware of the information you disclose in our interviews or your written narratives.

Your time and involvement is greatly appreciated. I believe that the best way to improve counselling practice is to listen to what clients in counselling have to say. If you have any other questions or wish to discuss anything concerning the study, please feel free to telephone me at 424-1377 (Home) or 492-3746 (Education Clinic). You may also contact my supervisor, Dr. Derek Truscott, Department of Educational Psychology, at 492-1161 (Office).

Respectfully,

Angelo Caputo, M.Ed.

Appendix C

Consent to Participate

I, ______________________________ , am aware that the purpose of this study is to gain a thorough understanding of clients' experiences of resistance in counselling. Through the process of several interviews, I will be invited to describe my experiences in as much detail as possible. I understand that these interviews are being conducted as a research study by Angelo Caputo, under the supervision of Dr. Derek Truscott, Department of Educational Psychology, University of Alberta.

I agree to participate in the study and I am willing to share my experiences with the interviewer. I am aware that interviews of approximately one hour in length will be audiotape recorded in order that they can be transcribed for later analysis. I realize that my participation in the study is completely voluntary and that I can withdraw from the study at any time without prejudice. If I choose to withdraw from the study, any identifying information or any data that I provide will be destroyed. I am also aware that I can refuse to answer any question during the interviews without providing reason for doing so.

I am aware that all information associated with this study is strictly confidential and that my identity, or that of any persons that I mention, will be known only to the interviewer and will not be revealed at any time. At no point in time will my counsellor ever be made privy to the information I disclose in the interviews or written narratives. When transcribing the interview recordings, the interviewer will use pseudonyms for my name and for those of any persons that I mention. These pseudonyms will also be used in writing the final manuscript. Any details in the interview recordings that might identify me or any persons that I mention will also be changed during the transcribing. Furthermore, access to the audiotape recordings, interview transcripts, and written narratives will be limited to the interviewer and his thesis committee, and this data will be stored in a secure place on university grounds. Audiotape interview recordings will be immediately erased upon completion of the transcript.

I am aware that participation in this study may or may not be of benefit to me. However, based on the experiences of other people involved in similar types of research studies, I may derive benefit such as the support and validation of my experiences. Furthermore, it is hoped that knowledge about counselling will be furthered and practice will be improved based in part on the results of this study.

I am aware that the information obtained from the interviews will be used by the interviewer for purposes of this study and for future conference presentations and journal publications. Furthermore, portions of the interview transcripts conducted with me will be included in the appendices of the study manuscript. Interview transcripts will be kept indefinitely in a secure area for possible future re-analysis. The results of the study will be available for my review prior to their release to the University of Alberta. These results, however, will be considered property of the University of Alberta.

Declaration: My signature on this form indicates that I have understood to my satisfaction the information regarding my participation in the research study, and I agree to participate. In no way does signing this consent form waive my legal rights nor release the investigator and involved institution (University of Alberta) from their legal and professional responsibilities. My continued participation will be as informed as my initial consent, therefore I am free to ask for clarification or new information throughout my participation in this study. In the event that I have future questions about the study, I understand that I may contact Angelo Caputo at 424-1377 (Home) or 492-3746 (Education Clinic), as well as Dr. Derek Truscott at 492-1161 (Office).

A copy of this consent form will be given to me to keep for my records and future reference.

Name of Participant	Signature of Participant
Name of Investigator	Signature of Investigator
Date	

Appendix D

Participant General Information

Name:

Age:

Sex:

Marital Status:

Ethnic Background:

First Language:

Languages Spoken:

Place of Birth:

Education (highest level):

Telephone:

Home -

Work -

Pager -

Cellular -

Questions:

Are you presently participating in any other research studies? (yes/no)

Is this your first counselling experience? (yes/no)

Briefly state and/or describe your reason for initiating counselling:

Appendix E

Clinician General Information

Name:

Age:

Sex:

Ethnic Background:

First Language:

Languages Spoken:

Place of Birth:

Education:

Highest Level -

Current Level -

Theoretical Orientation (state and/or describe):

Counselling Experience:

Approximate number of hours and/or years -

Type of settings (e.g., hospital, university) -

Area of Specialization (if any):

Appendix F

General Interview Questions

1. What experiences of resistance did you have in your session, if any?
2. What issue was being discussed at the time?
3. What were you experiencing at that moment? What were thinking at that moment? What were you feeling at that moment? Right before that? Right after that? Where do you believe this experience was coming from?
4. How did you react/respond to that experience? How did you make sense of that experience? Can you describe what you did next?
5. What was your counsellor's reaction/response? How did that make you feel? What thoughts went through your mind at that time?
6. What bodily sensations, if any, were you aware of at this time?
7. Can you describe what the relationship between you and your counsellor was like in the session? What was it like before it occurred? What was it like after it occurred?
8. How did this experience affect, if at all, the rest of the session? What was the outcome or result?
9. Can you describe what you experienced after the session? How did you feel after the session?
10. How would you describe/assess the relationship between you and your counsellor up to this point in your counselling?
11. What has helped you to not experience resistance in your session(s)?
12. Can you describe any other aspects of your experience that we have not touched upon?